Clinical Lectures
ON
DISEASES OF THE URINARY ORGANS.

Delivered at University College Hospital.

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LECTURE X.

CYSTITIS AND PROSTATITIS.

GENTLEMEN,—It is quite possible that you may see little or nothing, even during a considerable experience of general practice, of those diseases which have occupied our last three lectures. Some men never meet with a case of stone in the bladder during a lifetime, and of those who do very few undertake themselves to treat it. But the very reverse of this is the case with the subject which comes before us to-day. Fraught with much less of what one calls "interest" for an operator, its attractiveness to the student must be found in the fact that cystitis, or inflammation of the bladder, is the commonest affection of that organ, that it is certain to occur in his practice, and probably not unfrequently. For, whatever else you may have in connexion with the urinary organs, you are certain to have cystitis. If a man has stricture severely, or stone, or disease of the kidney, or disease of the prostate, sooner or later he has cystitis, either acute or chronic, the symptoms of which are often the most prominent features in all these diseases.

Then I beg you to remember that cystitis has almost always some ascertainable cause, and that it very rarely indeed appears in what is called an idiopathic form. You will find that there is, or has been, gonorrhœa, or stricture, or disease of the prostate, or retained urine, or urine altered in character, or some other such cause; and if you have readily come to the conclusion that any case before you is idiopathic, suspect that you have not discovered the cause, and that the probability is that you have not searched deeply or carefully enough. Here and there the true pathology will elude our best efforts. Possibly you may be forced to attribute it to a gouty diathesis. A very refuge in time of trouble for practitioners of feeble diagnostic power is gout, particularly "suppressed gout;" therefore beware of it. And while, I think, it must be admitted that inflammations both of the urethra and of the bladder may be sometimes mere local developments of the ubiquitous influence so named, I am sure that this cause is of exceedingly rare occurrence. Certain irritant poisons also—amongst which cantharides is the most prominent and likely to be met with—occasion cystitis, which I have seen severe in character, and lasting from ten to twenty hours, as the effect of an ordinary blister.

First, then, I shall call your attention to acute, and secondly, and chiefly, to chronic cystitis.

Acute cystitis appears in two very distinct forms; one which is severe and dangerous, the other which is much less so.

The dangerous form is that which accompanies the most severe lesions to which the bladder is exposed. The first breaking up of a large and hard stone into large fragments, either spontaneously or by the lithotrite, has sometimes caused it; violence to the bladder in lithotomy and the like are causes. Rigors, bloody urine, extreme pain and irritability of the organ, announce the fact, and the patient succumbs in a few days. At the autopsy you will see the lining membrane of a dark-crimson hue throughout, or nearly so, and often spots where it appears to be sloughing and exposing the muscular fibres.

The less severe form of acute cystitis is common enough. There is reason to believe that the neck of the bladder is the part mainly affected in these cases; and the reason for this is that what we call cystitis is often really inflammation of the prostate mainly, or of the urethra passing through it, entirely so perhaps at first, and that the mucous membrane of the bladder is affected by extension. And as, anatomically, I don't know how to make an accurate separation between these two organs, it is often legitimate to speak of this affection as "inflammation of the neck of the bladder." After gonorrhœa, or from external cold and damp, and in connexion with many circumstances of no very great importance, a man becomes the subject of frequent and painful micturition, and has a sense of aching or gnawing pain above the pubes; while the urine is cloudy from an increase of the natural mucus of the bladder (not the tenacious viscid secretion, mind, which I shall speak of under the head of Chronic Cystitis); and there is usually some constitutional sympathy with the local disturbance, evinced by loss of appetite and general feverishness.

The treatment consists in mild laxatives and diuretics, demulcents, hot hip-baths, local poultices, anodynes if necessary, and certain infusions, of which I shall speak hereafter.

But that which most requires our attention is the chronic form of the disease. It is that which requires the most care and judgment, and for which we have most to do in the shape of treatment. Chronic cystitis also appears in two distinct forms. In the simpler, there is little else than some increase of the natural mucus from the bladder mixed with the urine. Just as when you have a common cold, there is inflammation of the mucous membrane of the nose and towards the frontal sinuses, with increase of its secretion, so the mucous membrane of the bladder adds mucus to the urine; and the inflamed mucous membrane, being more sensitive, will not permit itself to be extended by accumulating urine, but forces the bladder to expel it as soon as possible: hence the frequency of making water. But, besides this, there is another form, in which the mucus has a distinct character. It is often spoken of, and not very wisely, as "catarrh of the bladder"—another example of an unfortunate term leading to error in practice. The mucus is very tenacious, and when you empty a vessel containing the urine of such a patient, it runs off first, and then a quantity of ropy mucus follows in a mass. You may see a pint or more of this material passed in the course of the day, and it acquires the viscid character on standing. Some patients pass it for months together, and such are said, especially abroad, to have "catarrh of the bladder," which, and there especially, is said to be a very dangerous and a very incurable disease. Indeed to tell a foreigner that he has "catarrh of the bladder" is to alarm the poor man exceedingly. Now this is because it is regarded as an essential disease, instead of a mere symptom; for of course it is no more a disease than dropsy is. Formerly you know we talked of dropsy as a disease, a very formidable malady, and it still is so to the popular mind; but no intelligent student would now, I suppose, be satisfied to think of it except as a symptom. He would say, "Is it due to cardiac, to renal, or to hepatic disease? What is the cause of it?" Precisely so is it with this "catarrh of the bladder." You inquire what is the cause of it, and you find in nine cases out of ten there is a very distinct cause, and mostly a removable one. You are not to be stopped by this name, and ask me what is good for catarrh; but you must carry further the diagnosis, and ascertain the precise condition which has occasioned it. And the most common cause is one too often overlooked, as I shall repeat—viz., inability of the bladder, either from atony of its coats or from prostatic obstruction, to empty its contents; yet it does by no means necessarily occur in these circumstances, and I cannot tell you at present how it happens that in some cases of retained urine it contains only some light flocculent mucus, and that in others there shall be a very large quantity of this tenacious matter.

With regard to the treatment, the first thing is to take care that the bladder is emptied by a catheter once, twice, or three times a day, in the easiest manner possible, of which I treated in the fourth lecture. And this is necessary because decomposing urine is a great source of irritation to the mucous membrane. The urea contained in the secretion which enters by the ureters in a healthy state is soon decomposed into carbonate of ammonia, and the ammoniacal salt is an acrid and irritating substance. You explain to your patient that his bladder, not having been emptied for many months perhaps, has acquired somewhat the condition which a badly washed utensil would have done in like circumstances—a useful and sufficiently accurate illustration for the lay understanding, and he will appreciate it when he finds, as he probably will, that the mucus diminishes considerably after a few days of this treatment. But suppose it does not do so, or does so but slightly, what then? I will tell you what sometimes happens, and I am not sure that the fact I am about to ask your attention to has been observed or recorded. It is this: *you cannot completely empty every bladder with the catheter.* When the

prostate is irregular in shape and throws out protuberances into the bladder, there are sinuses or spaces between them, which retain one, two, or even more drachms of urine. Again, there are not unfrequently numerous small sacculi in the coats of the bladder which act in the same way. When obstruction at the neck has existed some time, the daily straining, although not considerable, necessary to expel the urine produces hypertrophy of the muscular bands which form that coat of the bladder. Now you know hydraulic pressure is equal in every direction, and in course of time the expulsive act gradually forces the mucous lining between the interlacing muscular bands, and little pouches result. In these it is not uncommon for calculi to be secreted, and thus in time encysted calculus is formed. In any case, however, those pouches become receptacles of urine, which becomes stale, and irritating in consequence. Now the mere withdrawal of the urine by catheter by no means empties the reservoir in these circumstances, and enough of noxious fluid is left therein to maintain the unhealthy condition of its lining membrane. What you have to do is, to wash out the bladder at least once a day with a little warm water before you remove the catheter. I am very particular indeed as to the maner of doing this. Washing out the bladder may be a very valuable mode of treatment, or a mere contrivance for seriously irritating that organ, according to the mode in which it is performed. A common mode, indeed that which I always saw employed some years ago, was to attach to the catheter (which was often of silver, and it is unnecessary to repeat my views about that) a large metal syringe, and to throw in with considerable force six or eight ounces of water. I wish you to cherish a wholesome horror of that proceeding; and in no case can it be necessary. A healthy bladder, and much more a tender one, can only be disturbed and pained by such a process. This sensitive organ is only accustomed to be distended gradually by the continued percolation into it of urine from the kidneys. Let your washing-out at least conform in some respect to that process. Never, under any circumstances, throw in more than two ounces; and even this quantity, for efficient washing, is better avoided. Proceed then as follows:—You have a flexible catheter in the bladder; have ready a four-ounce india-rubber bottle with a brass nozzle and stop-cock, the nozzle long and tapering so as to fit a catheter of any size between Nos. 5 and 10, filled with warm water —say at 100° Fahr. Attach the nozzle gently to the catheter, and throw in slowly a fourth of its contents; let that run out, and it will be thick and dirty, no doubt; then inject another fourth, which will be less so; again another, which will return clearer than the preceding; and the fourth portion will probably come away nearly clear. Now these four separate washings, of an ounce each, will have been really more efficient than two washings of four ounces each; and you will, in obedience to my never-failing injunction, have reduced the amount of instrumental irritation to a minimum. Ten to one but the patient will regard your performance as soothing to his feelings. There are other methods of effecting the object, but this is the *principle* I want you to understand; and the mode of carrying it out which I have described is one of the simplest.

What if this washing-out has not accomplished all we wish? We may then, and often with great advantage, try medicated injections. Perhaps the best mild astringent, when the urine is alkaline and depositing phosphates, is the acetate of lead, in the proportion of one grain to four ounces of warm water, not stronger; to be used once a day. After this comes the dilute nitric acid; one or two minims to the ounce of water. Then you may try nitrate of silver in small quantity, certainly not more than one grain to four ounces to begin with, going up to about half a grain, or one grain at most, to the ounce. You may also use, especially where the urine is offensive, carbolic acid; one or two minims to four ounces is quite strong enough. Then there is a soothing injection well worth your remembering—viz., biborate of soda and glycerine. It may be used where there is no great indication for an astringent, or it may be combined with one. The value of this for sore mouth suggested to me its use for an irritable bladder, and experience has confirmed my expectation. Here is my formula: Two ounces of glycerine will hold in solution one ounce of biborate of soda; to this add two ounces of water. Let this be the solution, of which you add two or three teaspoonfuls to four ounces of warm water. I arrange all these solutions for four ounces because the four-ounce india-rubber injecting bottle already described is a convenient and portable instrument.

In circumstances of great pain you may inject anodynes into the bladder if you please; but they are of little value. And you need not be afraid of the quantity; for the mucous membrane of the bladder appears to have no absorbing power, unlike the neighbouring tissue which lines the rectum. And there, indeed, is your place for action, if spasm and pain greatly disturb the patient; a suppository of cocoa-nut butter, containing from half a grain to a grain of morphia, is often of the greatest service. Counter-irritants play a small part among our remedies; perhaps the best and safest is a hot linseed poultice, well sprinkled with strong flour of mustard, above the pubes. I cannot say much for croton oil, nitrate of silver, &c., there. Hot fomentations, in the form of bran bags, hot flannels, &c., alleviate pain materially; so also hot hip-baths and the hot bidet.

Then there is a host of infusions and decoctions reputed to exercise a beneficial influence in cystitis. I will name some of them in what I think to be about the order of their value for the cases one commonly meets with:—Buchu, Triticum repens, Alchimella arvensis, Pareira brava, and Uva ursi. Now, for the doses of these, your conventional tablespoon is a miserably inefficient measure. Of the first, fourth, and fifth give half a pint daily; of the second and third, a pint—that is of their infusions or decoctions, as the case may be.

The underground stem of the Triticum repens, or the common couch grass, was introduced some years ago by myself. Of this I will only say that it maintains its credit, and is undoubtedly very useful in many cases. For use, boil two ounces in one pint of water for a quarter of an hour; the strained liquor to be taken by the patient in four doses in the twenty-four hours. It was a favourite remedy in the old herbals; and it formed the staple medicine against what was called "strangury," which, a few centuries ago, meant everything like pain or difficulty in making water, no matter what the cause; for the art of diagnosis then was in its earliest infancy. The Alchimella arvensis, or "Parsley piert" (derived from "percer la pierre," and not a parsley or umbelliferous plant at all), has proved in my experience an admirable remedy in obscure cases. Use it as an infusion: one ounce to the pint. Besides these there are the resins, which have a certain amount of influence upon the mucous membrane of the bladder—such, for instance, as copaiba, Venice turpentine, &c. You should not, however, give the dose which you would give in gonorrhœa. Five minims of copaiba, three or four times a day in mucilage, often answers well. I may say the same of the oil of cubebs.

One word about alkalies. As a rule, no doubt, alkalies, in neutralising highly-acid urine, help to control chronic cystitis; and I like the liquor potassæ, as well as the bicarbonates, tartrates, and citrates, which appear to have more diuretic action, and to increase the quantity of urine, when you would rather avoid this action and lessen the frequency of micturition. The old combination of liquor potassæ and henbane, affirmed to be a union of incompatibles, nevertheless seems to me about the most valuable form in practice. I have no doubt that it is quite correct that both henbane and belladonna are deprived of their specific activities when mixed with liquor potassæ. Chemically I dare say that is so. But I am perfectly satisfied that this combination materially controls painful and frequent micturition in the complaint we are considering. Hence I have of late gone back to it, and for the reasons stated.

Now as to acids. Remember that these are by no means the complement of alkalies in relation to the urine. Beware of the popular notion that it is possible to produce an acid reaction on urine by giving mineral acids by the mouth. By giving alkalies you can make the urine neutral or alkaline to any extent you please, but you cannot do the converse with these acids. Yet I constantly hear it said, "The patient's urine is very alkaline; had we not better order acids?" My reply is, "By all means; give an ounce or two daily if you like, but it will not change the reaction of the urine." I have given these quantities, greatly diluted, of course, without the slightest effect on alkaline urine. No doubt mineral acids are useful in giving tone, and so do good; but don't prescribe them with the view of acting on the urine. The acids that do act on the urine are benzoic acid and citric acid, but you have to give so much of these that I do not know whether the remedy is not mostly worse than the disease. The benzoic acid, having some balsamic character, may be useful in some cases of chronic cystitis. The best way to give it is in pills, as it is not soluble in water. Three or four grains, with one drop of glycerine, is a good form; and you must give as many as ten or twelve pills a day if you want to do any good. At all events, it is of no use giving less than six; that would be twenty-four grains in the day. Lemon-juice has also an acid influence on the urine, and if it agrees with the stomach may be taken in large quantity. But here is the important fact for you to remember. Surplus of acid in the urine is a constitutional error, and it enters the urinary passages at the kidney. It requires constitutional

treatment, of the digestive rather than of the excretory organs, and mere alkaline treatment does but mask the acid, does not cure it. You have to remodel the patient's habits, control his diet, and take care that his liver and bowels act healthily and freely. On the other hand, persistent alkali in the urine is, in nineteen cases out of twenty, a *local* formation in the bladder. It requires local treatment, as by catheter and injecting-bottle, and not physic. Now and then you have alkaline urine, milky-looking, with amorphous phosphates, as a constitutional condition; but this is rare as compared with the cases I am now describing.

I shall close this lecture with some brief remarks on acute and chronic prostatitis.

Acute prostatitis occurs in different degrees of severity, and often comes first before the practitioner's notice when it causes retention of urine by obstructing the neck of the bladder. How this emergency is to be met I have described at some length in the fifth lecture. The organ is often considerably swollen and very tender, and the inflammation may give rise to abscess in the substance of the gland, or adjacent to it; and the matter may burst either into the urethra, its most common course, or into the rectum.

Chronic inflammation of the urethra passing through the prostate, and more or less affecting the prostate itself, is a condition less generally known or recognised. Nevertheless it is a common and important affection. We see it frequently, not always, as the result of obstinate gonorrhœa. I have already referred to it as the cause of symptoms resembling, more than any other malady, those of calculus in the bladder when mild in degree. Thus a patient of twenty or thirty years of age tells you that the following symptoms have rather gradually appeared:—Undue frequency of micturition; pain following the act, and felt in the end of the penis; occasionally a little blood seen with the last few drops of urine, which may be a little cloudy with muco-purulent deposit; a sense of heat and weight in the perineum and rectum; there is, perhaps, also some gleety discharge in the urethra; and all these conditions aggravated by exercise. You see he gives you a complete sketch of the symptoms of calculus; and how are you to distinguish them? By the history and by sounding. Thus, there is no history of the descent of calculus from the kidney, nor of gravel previously passed. But there is the fact of a chronic gonorrhœa resisting, perhaps, months of treatment. And if the patient shows no improvement you must not decline to sound him. You do so, and find nothing, but that the prostatic urethra was very sensitive; and you make him a little worse, perhaps, for a time.

What is to be done? First and foremost, as a rule, abjure all instruments, which, in most cases, can only do mischief. Treat it as you would a chronic inflammation of the ear or eye—i. e., blister an adjacent surface; make a small blister every four or five days on either side of the raphé of the perineum, by applying with a brush the Lin. epispast. of the Pharmacopœia, not so freely as to distress him or prevent locomotion, and keep it up for four or six weeks. I have found the best results from this method, combined with a tonic medicine and regimen, and you will find the patient himself gladly exchanging the dull, weary aching in the perineum for the smart of the blister, and cheerfully noticing how the former gradually subsides under the influence of the latter. In exceptional cases, where chronic gleet is a prominent symptom, the application of a solution of nitrate of silver, not more than five or ten grains to the ounce of water, to the prostatic urethra, may be very serviceable.

I shall in my next proceed with diseases of the bladder.

HERNIA OF THE OVARY; OPERATION; DEATH.—Dr. Englisch mentioned this case at the meeting of the Medical Society of Vienna (April 3rd, 1868). The patient was thirty-two years old, had suffered from a reducible tumour in the left groin for thirteen years, and presented, on admission into the hospital, all the symptoms of strangulated hernia. As the taxis did not succeed, the usual operation was resorted to, and, on opening the sac, the ovary and Fallopian tube were discovered, but not a trace of intestine. The former were tied and removed. Twelve days after the herniotomy the patient died of severe erysipelas and partial peritonitis. At the next meeting, Dr. Weinlechner brought before the notice of the Society a woman of thirty-two, presenting ovarian hernia on both sides. She had never actually menstruated, but at each period molimen was apparent, with swelling of the inguinal tumours. The vagina ended above in a cæcal pouch, and absence or extremely small size of the uterus was suspected. The patient was not deficient in sexual sensations.

ON THE NATURE AND TREATMENT OF PULMONARY CONSUMPTION AS EXEMPLIFIED IN PRIVATE PRACTICE.

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(*Continued from p.* 713.)

THE HÆMORRHAGIC VARIETY OF CONSUMPTION.

So many cases of phthisis are accompanied by hæmoptysis* in some part of their course, most commonly in their early stages, that spitting of blood, or bursting a bloodvessel in the lungs, as it is popularly termed, is generally considered, both by the profession and by the public, as an indication of consumption. Not unfrequently it is the first symptom to excite alarm, and to apprise the patient and the practitioner of the existence of this grave malady. The experience of the most careful observers has confirmed the reality of this connexion. Louis states that, excluding cases of amenorrhœa and mechanical injuries to the chest, he did not find a single instance of hæmoptysis among 1200 cases unconnected with tuberculous disease of the lung. Sir Thomas Watson says: "If a person spits blood who has received no injury to the chest, in whom the uterine functions are healthy and right, and who has no disease of the heart, the odds that there are tubercles in the lungs of that person are fearfully high." (Practice of Physic, vol. ii., p. 200.)

These authorities are in accordance with our own experience; but we would here direct attention to the fact, connected with our present subject, that, although most cases of hæmoptysis (amounting to a drachm of blood and upwards) are connected with tuberculous or phthisical disease of the lungs, there are some varieties of disease in which the occurrence of hæmoptysis is so frequent and to so large an amount as to constitute the most prominent feature in the case, and that this hæmorrhagic tendency has important relations to pathology, prognosis, and treatment.

Upwards of thirty years ago one of us was led to trace the occurrence of hæmoptysis in phthisis to "a fragile state of the bloodvessels of the lungs, and an obstructing pressure upon them;" and of late years Dr. Radclyffe Hall† and others have ascertained this fragility to depend on fatty degeneration of these vessels in connexion with tuberculous disease. In a few instances portions of the pulmonary artery have been found in an aneurismal state in connexion with tuberculous lesions (Drs. Cotton‡ and Quain,§ &c.) There is reason to suppose that, although hæmorrhagic disease of the arteries is generally connected with tuberculous lesions in the lungs, it does not bear any proportion to the amount of these lesions, and that it may exist enough to cause considerable and repeated outpourings of blood when the tuberculous disease is very limited; and, on the other hand, extensive tuberculisation not unfrequently goes through its course without any hæmoptysis. In the former class of cases patients may be attacked with hæmoptysis, with little or no cough before or after the attack. In some of these the hæmorrhage produces no more than temporary alarm and weakness; it may even be beneficial; and the usual health is established between the attacks. In others, on the other hand, the phthisical disease sooner or later becomes more active, and the successive losses of blood produce not only weakness, but more cough and expectoration, and other signs of increased obstruction and destruction of the lung. These differences chiefly depend on the extent and situation of the tuberculous lesion. However small, if it happens to involve a considerable bloodvessel, especially any of those near the root of the lung, there may be abundant hæmorrhage for the time; yet, if this is stopped, the limited lesion remains quiet, and life and even health may be prolonged for many years. In several of the following examples

* Of the 500 cases tabulated for these papers, 278, or 55·6 per cent., had hæmoptysis.
† British and Foreign Med.-Chir. Rev., Oct. 1855.
‡ Med. Times and Gaz., Jan. 13th and Oct. 20th, 1866.
§ Path. Trans., vols. xvii. and xviii.

the recovery has been so complete that it might be a question whether the hæmorrhage had its origin in tubercles at all; but in no instance were the signs of limited disease of the lung altogether absent; and in fact they were at first just the same as those of other cases which have afterwards gone on to indubitable phthisis. The difference between these cases may therefore be considered one of degree rather than of kind.

But hæmorrhage in the lung sometimes has serious and even fatal results of its own, distinct from those of pulmonary consumption in general. Thus it may cause speedy death by loss of blood, or by suffocation (as in Case 27). Fatal cases of hæmoptysis are happily more rare than is commonly apprehended. On a rough estimate we may state that in about two thousand cases seen every year, we do not meet with fatal hæmorrhage more than three or four times during that period. Still more rarely pulmonary hæmorrhage ends in diffuse suppuration and pyæmia, of which we give one example (Case 28), or in gangrenous abscess, which is not, however, equally fatal.

CASE 21.—A clergyman, aged thirty-four, first consulted Dr. Williams on July 17th, 1848. After hard duty fourteen months ago he had hæmoptysis to the amount of two ounces, and in smaller quantity a week or two afterwards. Was much reduced by treatment, and wintered in Madeira with great benefit, and was well enough to ascend the Peak of Teneriffe without difficulty about six weeks ago; but has had cold and cough ever since. Physical signs: Dulness and tubular expiration in upper right chest. Bronchophony and mucous rhonchus below right clavicle. Ordered iodide of potassium and carbonate of potash, and a croton-oil liniment.

In August he had hæmoptysis in church at Brighton to the amount of an ounce and a half, which ceased under acetate of lead with a daily aperient draught. After this he took oil and got much better.

July 18th, 1849.—Well till last few weeks, when he had temporary cough.

July 9th, 1852.—Was well and doing double duty till a year ago, when he caught severe cold, and had hæmoptysis to the amount of three ounces; for which he was leeched and much lowered. Has lost much flesh and strength, has night-sweats, and expectoration has become yellow. Dulness and loud tubular sounds in the left mammary region. Ordered oil in tonic of nitric and hydrocyanic acids, with tinctures of hop and orange.

July 22nd.—Had hæmoptysis (four ounces), yielding to treatment as before.

In 1854 he went to Madeira, and passed a second winter with benefit. Married in 1856.

March, 1868.—Heard that he was quite well, with a family of six children.

Since last visit has had two or three attacks of hæmoptysis, and some years ago severe bronchitis and congestion of the lungs. At present he is in excellent health, doing parish duty, which he has not omitted for more than two months at a time for the last twelve years. Nearly *twenty-one years* have elapsed since this patient's first symptoms.

CASE 22.—A gentleman, aged thirty-eight, consulted Dr. Williams May 25th, 1850. Eight years ago had slight hæmoptysis; but has been well till within the last fortnight, when, on leaving off his flannel, he was chilled and attacked with severe cough. A week later, after great exertion of voice, had slight hæmoptysis; and three days ago brought up several ounces of blood, the hæmorrhage continuing in spite of leeches being applied and gallic acid given, but was eventually restrained by Ruspini's styptic and the application of ice. Expectoration now streaked with blood of a florid hue. Bowels confined. Physical signs: Dulness and obscure moist crepitation in upper left chest, front and back. Ordered a mixture of tannic and nitric acids with henbane, and every morning a draught of sulphate of magnesia and sulphuric acid. A blister to be applied to the chest, and acetate of lead and opium given, if necessary.

June 20th.—Has had no fresh hæmoptysis or cough. Expectoration tinged. Takes meat twice a day. Physical signs: Still dulness in left chest. Ordered oil in mixture of nitric and tannic acids with tincture of orange, a rhubarb and zinc pill, and vesication with acetum cantharidis on the chest.

Aug. 20th.—Continued better till after going up-hill at night, when he had hæmoptysis to the amount of half a pint. Same remedies used as before.

Oct. 10th.—Has been riding and taking oil regularly in the country, with great improvement in flesh and strength. Has gained one stone in weight. Physical signs: Dulness in upper left chest, and loud expiration in upper right.

March 13th, 1858.—Continued well and active, with good breath, till twelve days ago, when, after an attack of sciatica—for which he took iodide of potassium,—he had hæmoptysis amounting to one ounce, which was subdued by tannic acid. Physical signs: Some tubular sounds above both scapulæ.

March 19th, 1862.—Well till three months at Scarborough, where he had cold and cough with expectoration, and occasionally hæmoptysis to the amount of a drachm, but has none at present. Physical signs: Tubular sounds above left scapula.

1868.—Heard that he was alive and well, *twenty-six years* after his first attack of hæmoptysis.

CASE 23.—A gentleman, aged thirty-six, of strong large frame, consulted Dr. Williams first on June 19th, 1850. Had been in good health, with no cough; but after much exertion in May he expectorated half a pint of blood, and yesterday about the same quantity. Had been bled and leeched on the right chest, with diminution of the dulness; signs of congestion were found in the right lung. Pulse quiet; no cough; bowels confined. Ordered gallic and nitric acids, and digitalis; and an aperient of sulphate of magnesia with sulphuric acid.

June 24th.—Hæmorrhage returned slightly next day, but not since. Physical signs: Dulness and tubular sounds in the upper right front and back. A blister to the scapula; nitric and hydrocyanic acid mixture.

July 20th.—No return of hæmorrhage; cough slight. Has taken cod-liver oil with acid mixture a fortnight. Physical signs: Less dulness, but still large tubular expiration in the upper right front and back.

Sept. 20th.—At Norwood; taking oil &c. regularly. Much improved in flesh and strength. Cough and expectoration slight. Physical signs: Dulness and tubular expiration less marked.

June 21st, 1851.—Wintered in Madeira. Well, but frequent colds from damp weather. Continued oil and acids till the last three months. Physical signs: Breath harsh and loud below right clavicle; little dulness and less tubular sounds in right back.

Sept. 25th, 1852.—Has continued well.

Nov. 24th, 1853.—Passed last winter with only one attack of cold and cough, when the sputa were discoloured. Has been pretty well since; but has had an occasional feeling of oppression in the right lung, and three weeks ago, after much exertion of voice, brought up four ounces of blood, and some on the following days, when it was checked by gallic acid. Still much cough and wheezing. Urine scanty, red, and turbid. Physical signs: General wheezing rhonchi in right lung; little dulness or tubular sounds. Ordered a mixture of iodide of potassium, carbonate of potash, squills, stramonium, and liquorice, and a croton-oil liniment.

Under this treatment he soon got the better of this illness, and continued in good health, except occasional attacks of the same kind; more wheezy and asthmatic than phthisical. He continued active in business, and often gave lectures and spoke at public meetings, although warned against doing so.

Feb. 13th, 1863.—Three months before had coughed up four ounces of blood, and about the same quantity three days ago. Breath had been shorter since, with more expectoration. Feels the cold more, but voice and muscular strength good. Urine often thick. Physical signs: Dulness and tubular sound at and above right scapula; moist crepitus and mucous rhonchus above and below. To take oil, with sulphuric acid, calumba, &c.; saline at night.

June 18th.—Several times hæmoptysis this year; now about half an ounce daily, five days. Physical signs the same.

Dec. 27th, 1864.—Hæmoptysis recurred every two or three weeks till August, when he went to Bournemouth; none since. Has regained some flesh and strength. Physical signs: More extensive dulness, obstruction, and coarse crepitus over greater part of right lung; cavernous sounds in scapular region; dulness and loud bronchophony now also at and above left scapula. These signs have been increasing during the last twelve months, with more constant cough, copious opaque flocculent expectoration, pulse 100, and loss of flesh and strength.

A few months later the cavernous sound in the right lung became amphoric, with signs of increase in the left also. In the autumn of 1865 he went to Madeira, and died on the voyage back, early in 1866, about *sixteen years* after the first hæmoptysis.

From 1853 to 1863 the disease was so much arrested that he resumed active habits, and ceased to regard himself an invalid. The disease in consequence recommenced its activity, and ran its destructive course.

CASE 24.—A clergyman, aged thirty-nine, first consulted

Dr. Williams on Dec. 30th, 1851. Fourteen months ago, after great vocal and other exertion, he had hæmoptysis to the amount of a pint, followed by cough, which continued through the winter, when he was at Glasgow taking oil and improving in condition. Went to Madeira in March, and nearly recovered, till six weeks ago, when cough returned, with expectoration, which was generally grey, and occasionally yellow. Physical signs: Some collapse in right front of the chest, especially between the second and third ribs, and protrusion on coughing. Whistling tubular sounds, and slight roughness of breathing over the same spot. Slight dulness and tubular sounds above the right scapula. Ordered oil in nitric and hydrocyanic acids, with tinctures of hop and orange, and a liniment of acetum cantharidis.

1862.—Lived in Madeira four or five years, taking oil steadily for one year. Is now well and active; and for the last four years has lived in England, and given regular courses of lectures at one of the universities.

April, 1868.—Continues well, and lecturing on elocution with great success during both term time and vacation.

Eighteen years and a half have elapsed since his attack of hæmoptysis.

CASE 25.—A captain in the merchant service, aged forty. First consulted Dr. Williams on the 5th of January, 1856. Two of his sisters and one brother had died of phthisis. Seventeen years ago, after violent cough, arising from cold, he had extensive hæmoptysis, amounting to two pints daily for a week, and less at intervals after. He was thus very much reduced in flesh and strength. He went to sea the following year, and in 1842 made repeated voyages on the Indian Ocean, and continued free from hæmoptysis and well till 1847, when he brought up a pint of blood, and again, in 1849, two or three pints. This again much reduced him, but he gradually recovered flesh and strength. At present (Jan. 5th, 1856) his breath is short, and he has morning cough, with yellow expectoration, but is not thin. Physical signs: Dulness and deficient breath over whole left side of chest; tubular sounds and moist crepitation in the upper portion. Ordered oil, in a mixture of nitric and gallic acids, with an occasional aperient draught of sulphate of magnesia and sulphuric acid.

Dec. 5th, 1859.—Has generally been pretty well, but breath always short. A month ago some hæmoptysis, and two days ago to the amount of two ounces. Physical signs the same.

Jan. 7th, 1860.—Hæmoptysis to half a pint; otherwise well. Physical signs the same.

March 28th, 1867.—Was quite well for three years after last visit, and now looks in perfect health, and seldom ails. He has occasional cough and slight hæmoptysis, and his breath is short only on exertion. Physical signs: Dulness and obstructed breath in left front, with subcrepitus, which is also audible in the upper part of back.

Died suddenly in November, 1867, having lived *eleven and a half years* since his first visit, and *twenty-eight* since his first attack of hæmoptysis. This case is remarkable for the stationary character of the disease, considering its extent, and the little injury to the general health from so many attacks of extensive hæmoptysis. There can be little doubt that his life at sea kept up his health during the first part of his history; and temperate and regular habits, aided by the remedies used, contributed to the same result during the last twelve years.

CASE 26.—A clergyman, aged forty-two, first consulted Dr. Williams on August 15th, 1850. Nine months ago, after overexertion, he lost his voice for a time, and had cough, accompanied by some wasting and failure of strength, but continued to take three services every Sunday all the winter. After more exertion a month ago, for four days his morning expectoration was streaked with blood. Physical signs: Slight dulness; moist crepitation, with slight tubular sounds below left clavicle, more marked above; slight dulness and tubular voice in right interscapular region. Ordered oil in a tonic of nitric and hydrocyanic acids, with the tinctures of hop and orange, and a liniment of acetum cantharidis.

Sept. 16th.—Much improved, under the oil, in flesh, strength, and breath, and able to walk fast and up-hill. Came from Hastings to-day, and after much talking, on lying down at night, expectorated blood to the amount of two ounces, with irritating cough. Is in too much tremor from fear to bear examination; pulse 90. Ordered gallic acid, with syrup of poppy, followed by an aperient draught of sulphate of magnesia and sulphuric acid.

21st.—No return of hæmorrhage; dulness with crepitus above left scapula.

30th.—Hæmoptysis to a pint and a half in last two days, and cough still troublesome. Ordered a blister and a morphia linctus, together with the gallic acid.

April 17th, 1851.—Has wintered at Hastings, taking oil regularly, and gradually recovered from a state of great weakness; moderate cough and only slight expectoration. Has so much improved that now he can walk for five or six hours daily. Physical signs diminished.

May 4th, 1854.—Has taken oil regularly, and been quite well all the winter, without cough or expectoration; but has lately had neuralgia of the legs and occasional flushes of blood to the head; urine thick, with lithates; very little dulness or tubular sounds, but breath obscure above left scapula, and whiffy in left scapular region; tubular voice above right scapula. Ordered oil in nitric acid and tincture of orange, and an occasional effervescing saline.

Jan. 21st, 1858.—Has done duty well since. Only occasional cough, but always some mucous expectoration. Is strong and active, although of late has been much worried by a lawsuit. Signs diminished.

May 18th, 1860.—Active and well till a month ago, when cough returned, with opaque expectoration, which has since improved. Still some dulness and tubular breath in both scapular regions, chiefly in left and in left front.

Sept. 26th, 1866.—Wonderfully well, and generally does duty. Cough and expectoration very slight. Weighs twelve stone—heavier than ever.

This patient was alive and well in March, 1868, more than *seventeen years* after his first visit, and more than eighteen since his first symptoms; and for the last ten years has done duty regularly.

CASE 27.—A young gentleman aged fifteen was seen by Dr. Williams in consultation with Mr. W. Jones on May 5th, 1853. Had suffered from cough for six months, and during the last month from pain in the left shoulder, and considerable loss of flesh and strength. Physical signs: Dulness, and crepitation, fine and coarse, in upper left chest. Ordered oil, acid tonic, and counter-irritation.

Nov. 28th.—Vastly improved, and has gained 14 lb. Walks eight miles, and for the last three months has been shooting in the country. Physical signs: Dulness and tubular sounds in upper left chest as low as third rib. Ordered oil in sulphuric acid tonic.

May 17th, 1854.—Wintered well, with only slight cough and expectoration and short breath. Had been riding a good deal, and a week ago was caught in the rain, and rode home in wet clothes. Has since had pain in the left side, with night-sweats and diarrhœa. Physical signs: Increase of dulness and moist coarse crepitation in upper left chest. Ordered a blister, and mercurial and chalk powder, with effervescing saline; afterwards to return to oil, which had been discontinued for six months.

Aug. 9th.—Has been taking oil in the country, and is improved; but has cough and yellowish expectoration, occasionally tinged with blood. Physical signs: Liquid cavernulous sounds below left clavicle.

The patient continued better; but in September, after having been out shooting for five hours, was attacked with hæmoptysis to the amount of two pints. This recurred again and again, and he died in a week.

On examination after death there were found only a few miliary tubercles at the apex of the left lung, and a cavity of the size of a walnut, lined with a thick membrane, deficient at one point, where the hæmorrhage had come from. The rest of the lung was congested. The right lung was healthy. But for his imprudent exertion, this patient would probably have avoided this fatal hæmoptysis, and might have completely recovered.

CASE 28.—A nobleman, aged forty-eight, of a gouty family, first consulted Dr. Williams July 18th, 1855. He had suffered from gout more or less for years, and in order to escape the attacks he had been to the West Indies, and two winters ago to Italy. In the following spring he passed blood by the bowels, and in the summer had hæmoptysis amounting to an ounce, which continued to a less degree in spite of cupping and leeching, but was stopped by gallic acid. Passed the last winter well, and free from cough, in Egypt, until chilled by a ride to Damascus; and in May, while at Paris, brought up an ounce and a half of blood. Cough returned and increased on reaching London in June. Physical signs: Slight dulness, slightly louder breath, with some tubular sound in upper left back. More tubular voice and obscure breath in upper right. Ordered oil in tonic of nitric and hydrocyanic acids, with tinctures of hop and orange, and counter-irritation.

Aug. 2nd.—Takes the oil well, and with benefit. Physical signs: Dulness and tubular sounds, mostly in upper back, with slight crepitation.

Oct. 5th.—Two months ago, after feeling much better and attending quarter sessions, had a cold; and a few days later slight hæmoptysis, and a sensation of weight at the sternum. Gallic acid and lead were given. On the 2nd and 3rd of October, without effort, he spouted up altogether two quarts of blood, and became very faint. Yesterday and to-day (Oct. 5th) he brought up only a few ounces. A draught of infusion of roses and sulphuric acid, containing half a grain of morphia, was given every four hours. Bowels not open for three days. Patient almost free from cough. Pulse 90. Physical signs: Breath clear and puerile in left front; much obstructed with obscure crepitation in right front. Too weak to bear examination in the back. Ordered an aperient draught of sulphate of magnesia and sulphuric acid, and a mixture of gallic and sulphuric acids, &c. The patient continued in an extremely weak state, with frequent pulse and respiration, hot skin, and low fever; expectorating bloody pus in increasing quantities. A few days later symptoms of pyæmia came on; tongue became dry and brown; pulse very rapid and running. Slight delirium ensued, and the patient died in a week.

(To be continued.)

ON A

CASE OF FEMORAL ANEURISM,

TREATED BY

INCISION OF THE SAC AND LIGATURES ON THE VESSEL ABOVE AND BELOW.

BY JOHN GAY, F.R.C.S.,

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In the course of the last summer two patients were admitted into the Great Northern Hospital, within a week of each other, with aneurism of the femoral artery on the proximal side of the tricipetal foramen. In both cases pressure by the tourniquet was tried for a week, with such intermissions as were necessary in order to spare the skin from ulceration. Both patients stood the pressure well, and did what they could to ensure its success. Both, however, gave in at the end of that time, expressing their earnest desire that any other treatment should be substituted, inasmuch as pressure—even digital pressure—could no longer be borne. I tied the femoral in each case, and without a bad symptom. One, however, subsequently died of heart disease. There was some bruit, discernible at the time of the operation, from disease of the aortic valve cusps. The other came to the hospital last week. The operation had been entirely successful.

On the 7th of April, I was consulted by a gentleman aged twenty-eight, a finely grown, robust person, on account of a tumour in the middle and inner side of the thigh, corresponding with the situation of the artery above the tricipetal foramen. He had complained of pain in that region, more or less, for a period of two years, and had consulted some medical gentlemen respecting it. There was no swelling, however, so far as he was aware of, until within a few days of his seeing me. On examination, it had all the signs of being aneurismal. It was about the size of a large walnut; pulsated; was, to a certain extent, squeezable; became evidently less on obstructing the femoral above; and had a loud bruit; but it was painful and tender on manipulation. I at once decided that it was aneurismal, and recommended compression on the artery above. The patient could not, however, conveniently lay up for some few days. I therefore had a firm broad elastic band placed on the thigh in the interim, with one or two pads, as additional compresses on the tumour, to be used as either could, singly or both together, be borne. Both pads were borne, and gave great relief. On examining the tumour on the third day, I was surprised to find that the pulsation had entirely ceased, and that the bruit had changed from a clear blowing to a rougher sound. The tumour was somewhat harder, but was still, apparently, to a certain extent lessened, by obstructing the femoral in the groin.

He continued to wear the bandage until the 13th, when, notwithstanding the change in the condition of the tumour, I advised him to lay up and have a tourniquet applied. He bore the instrument well for nearly six days; and apparently with the best results. A slight rough bruit, however, remained, with a small, hard, and almost incompressible tumour, and entire absence of pain. I advised rest for some days, and then gradual return to his duties, keeping up pressure at the same time on the tumour by the bandage.

On the third day after the removal of the tourniquet, on turning very cautiously in bed, he was attacked with severe pain in the tumour, as though something had given way; and he became very faint and sick. From that time the swelling gradually increased, the pain became more severe, and there was still a bruit; *but there was no pulsation*, neither did pressure on the artery exercise any material influence upon it in regard to size or compressibility.

The character of the tumour now appeared to be more questionable; and a doubt occurred to my mind whether it might not be some outgrowth from the bone or periosteum, which, by extension at its base, had changed sides, as it were, with the artery; thus accounting for the pulsation at first and its cessation. I could trace the artery *to* the tumour above, and although beyond that it was no longer distinguishable, yet it seemed to mount over it, or at least to pass beneath its upper surface. Pressure of no kind could be borne. The swelling increased, until, by the 2nd of May, it occupied a large space on the inner aspect of the limb, being seven inches in diameter; and it was excessively painful. The patient's strength began to fail. Mr. Paget saw the case with me, and, after careful examination, could not satisfy himself as to the real nature of the swelling. We, however, determined to explore the tumour, prepared for any emergency.

On the 5th, after being placed under the influence of chloroform, with the kind and able assistance of Mr. Paget, Mr. Henry Smith, and Dr. World, I punctured the swelling; when it became obvious at once that, after all, it was aneurismal. I enlarged the wound in the sac through its full length in the course of the artery to the extent of seven inches, turned out a large quantity of clot, and not without difficulty (on encountering which I need hardly say how much I was aided by Mr. Paget and Mr. Smith—Dr. World was most ably administering the chloroform) succeeded in tying the vessel above and below its communication with the sac. The tourniquet kept the bleeding in check, and was only occasionally loosened to indicate the seat of the vessel, and its open mouth. The wound was brought together by sutures and bandage; and the limb, enveloped in wool, was placed on a sling. The patient passed a restless night, and wandered occasionally; his tongue was dry and furred in the morning; his pulse quick; and he complained of sickness—apparently from the chloroform. After three days these symptoms began to ameliorate, the wound to discharge thin bloody fluid, and the thigh, hitherto much swollen, to subside. From this period everything went on well; portions of the cyst came away from time to time with the discharge, which was very profuse, bloody, and mixed with clots of blood; the tongue began to clean, and the appetite to return. The under ligature was removed on the fourteenth, the upper on the twenty-first day; and, whilst I am writing, the wound has all but entirely closed, and the patient is taking more or less walking exercise daily on the South Coast.

The case is one of considerable interest. The pain preceding the appearance of the swelling was supposed to be rheumatic or periosteal. Its history during treatment appears to be that the pressure on the sac, by bandage and pad, had cured the aneurism, as far as it was curable by clot obliteration—in all probability of the portion of artery with which the sac immediately communicated; whilst the employment of the tourniquet tended to its further consolidation, and the consequently increased probability of the cure being permanent.

The active return of the disease, *without pulsation*, probably arose from the giving way of the plug in the lower end of the artery; and this was, as Mr. Paget surmised, followed by rupture of the sac, and the aneurism becoming diffused. I could not, however, satisfy my mind that this had been the case. On discovering the nature of the case by puncturing the tumour, there appeared to be no alternative but the procedure that was carried out.

It is the old operation for aneurism in the limbs recommended by Antyllus in lieu of amputation. It appears, however, to have been so frequently followed by gangrene of the limb, secondary hæmorrhage, and death, that Pott discarded it, still preferring amputation. And I believe I am correct in saying that, in the annals of very modern surgery, a popliteal

aneurism has been cut into by mistake for abscess, and the limb amputated in consequence with the utmost dispatch. Pelletan, however, I find from "Holmes's Dictionary," recorded notes of ten cases—four of his own, and six in Italy; of which seven cases were successful. Whilst two others, on the femoral and popliteal artery, are to be found in Roux's *Quarante Années*, both of which were successful. Mr. Syme has succeeded in treating axillary and gluteal aneurism in this manner, and recommends it in these particular kinds of aneurism.

I do not regard the case described as an encouragement to such a plan of treatment, excepting under unavoidable circumstances—such as this case, perhaps, presented,—or, preferentially, in cases of axillary and gluteal, on account of the danger attendant upon ligature of these vessels on their proximal side. The operation is somewhat difficult on account of the liability to include other important parts besides the artery within the ligature when operating at such a depth, as well as from the inconvenience which results from displacement of the vessel by the sac.

If in this case I had placed a ligature on the femoral at first, I believe the operation would not have been required; and I must confess, from experience and observation, to a preference for the ligature over the tourniquet *in cases of femoral and popliteal aneurism*. The time absolutely required for the consolidation of the sac and the arterial plug is longer than that during which *pressure* can be continuously tolerated, but not longer than that which is necessary for the removal of the ligature and repair of the wound after deligation.

May I be allowed here to pay a tribute of gratitude to the excellent sister, from the Rev. Mr. Dale's Institution for Deaconesses, who assiduously attended upon this case throughout. I could only contrast the comfort of the patient under such care with the indifference and often serious neglect that I have witnessed under the ordinary system of nursing. To the practical surgeon the institutions for the training of these excellent and self-denying ladies cannot be overestimated: they offer a guarantee for the recovery of the patient so far as this can possibly be promoted by the advantage of perfect nursing.

Finsbury-place South, June, 1868.

ON SOME RESULTS OF A RETROGRADE ENGORGEMENT OF THE BLOOD-VESSELS.

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MY object in the present communication is to direct attention to certain results of a retrograde engorgement of the bloodvessels, consequent upon an impediment to the onward movement of the blood. Most of the facts to which I am about to refer are well-known and familiar facts; I believe, however, that they have not hitherto been collated and analysed with the care and the accuracy which their pathological interest and their practical importance demand.

I have to speak first of certain phenomena which result from an impeded circulation through the *lungs*. I shall afterwards refer briefly to some analogous phenomena which follow an interrupted circulation through the *liver* and through the *kidney* respectively.

Let me first, then, direct attention to the well-known peculiarities of the blood-supply to the lungs. The lung, as a respiratory organ, as a great gas-secreting gland, is supplied by the pulmonary artery, the blood from which passes through the pulmonary capillaries and veins from the right to the left side of the heart. The lung, as an organ whose tissues have to be nourished, is supplied with blood from the aorta by the bronchial arteries, and this blood, having been distributed to all the proper tissues of the lung, is returned by the bronchial veins (one opening into the left superior intercostal, and the other into the vena azygos) into the superior cava. In the lung, therefore, there is the pulmonary circulation proper, and, in addition to this, there is the bronchial circulation, by means of which its own tissues are nourished, this bronchial circulation constituting a part of the general systemic circulation. "The bronchial arteries and veins carry blood for the nutrition of the lung, and are doubtless also the principal source of the mucous secretion found in the interior of the air-tubes." (Quain's Anatomy, edited by Dr. Sharpey, 7th edition, p. 903). It is generally believed, and it probably is a fact, that where these two different sets of vessels come into contact, where the bronchi and intercellular passages merge into air-cells, there is a communication between the two sets of vessels—between the pulmonary and the bronchial systems of vessels.

I have elsewhere sufficiently proved that during the collapse stage of cholera there exists a great impediment in the minute branches of the pulmonary artery. The result is that those parts of the vascular system which lie in front of the smallest branches of the pulmonary artery are comparatively empty of blood, while the parts behind are distended. The whole of the systemic venous system is gorged with blood; hence the lividity of the face, and hence congestion of the bronchial veins and capillaries, which may impart to the lung a dark colour and an appearance of congestion, while yet the lung, as a whole, contains very little blood, and is much reduced in weight. Even the *pulmonary* capillaries may become partially injected in consequence of an impeded return of blood through the bronchial veins. There is a communication between the two sets of vessels about the terminal bronchi, and a part of the blood carried by the bronchial arteries is returned by the pulmonary veins. An impeded return by the bronchial veins would therefore divert more bronchial blood into the pulmonary capillaries and veins.

Some pathologists have supposed that the impeded transit of blood through the lungs in the collapse stage of cholera is a result of its becoming too thick and viscid to pass through the capillaries.* This view is proved erroneous by a number of facts, and amongst others by the anatomical fact that the mass of blood is arrested *before* it reaches the pulmonary capillaries, while the blood is obviously not too thick to enter the bronchial capillaries, which, although of smaller size than the pulmonary capillaries, are as over-full as the pulmonary capillaries are empty of blood. In fact, there is usually a direct relation between the anæmia of the pulmonary capillaries and the engorgement of the bronchial; and the contraction of the minute pulmonary arteries, presenting an abrupt bar to the onward movement of the blood, is the probable cause of both phenomena. One result of the engorgement of the bronchial veins and capillaries during the collapse stage of cholera is a tendency to passive serous transudation through the mucous membrane into the bronchial tubes. The consequence is that after prolonged collapse the minute bronchi and air-cells become more or less filled with serum; and when during reaction the blood again passes freely through the pulmonary artery, the respiratory changes are interfered with by the œdematous condition of the lung, and there often occurs a fatal apnœa.

Now let us compare the phenomena of cholera collapse with those of spasmodic asthma. The general appearance of a patient during a severe paroxysm of asthma is strikingly like that of one in the collapse of cholera. Dr. Hyde Salter, in his masterly treatise on Asthma, says (p. 71): "If the bronchial spasm is protracted and intense, the heat of the body falls; the oxygenation of the blood is so imperfectly performed, from the sparing supply of air, that it is inadequate to the maintenance of the normal temperature; the extremities especially get cold and blue and shrunk; I have known the whole body deathly cold, and resist all efforts to warm it for four hours. But while the temperature is thus depressed, the perspiration produced by the violent respiratory efforts may be profuse, so that the sufferer is at the same time cold and sweating. It is this union of coldness and sweat, combined with the duskiness and pallor of the skin, that gives to the asthmatic so much the appearance of a dying man. The pulse during severe asthma is always small, and small in proportion to the intensity of the dyspnœa; it is so feeble sometimes that it can hardly be felt."

The resemblance between some of the most striking features of the asthmatic paroxysm and the collapse of cholera is obvious. What, then, is common to these two forms of collapse? Obviously not a drain of liquid from the blood, which was so long and so erroneously supposed to be the main cause of cholera collapse, but a partial arrest of the pulmonary circulation. In a paper which is to appear in the next volume of the "Medico-Chirurgical Transactions," I have shown that in

* The dark colour and the viscidity of the blood in cholera are the results and not the cause of the impeded circulation. This condition of blood is common to all forms of apnœa and consequent blood-stasis. Unaërated, stagnating blood is always thick, and has a tendency to coagulate. In croup, for instance, the immediate cause of death may be an actual clot in the pulmonary artery, the result of apnœal blood-stasis.

cases of acute apnœa there is the same evidence of an arrest of blood in the minute branches of the pulmonary artery as exists in the case of cholera collapse. In both pathological conditions the pulmonary capillaries contain very little blood, while the right cavities of the heart and the pulmonary artery are distended, the left cavities of the heart being comparatively empty. In both asthma and cholera the circulation is impeded by the muscular contraction of the small pulmonary arteries; and hence the symptoms of collapse in both diseases. In cholera the contraction of the arteries is a result of the poisoned blood in the vessels; in asthma it is a consequence of the partial apnœa occasioned by spasm of the bronchi. In cholera there is a primary asphyxia and a secondary apnœa,* consequent upon the blood-stasis; in asthma there is a primary apnœa, the result of bronchial spasm, and a secondary asphyxia. In both forms of disease the symptoms of collapse may speedily be removed for the time by measures which overcome the primary spasm: in asthma by the inhalation of chloroform, which relaxes the bronchial spasm; in cholera by the injection of a hot liquid into the veins, which, reaching the lungs, overcomes the arterial spasm. In asthmatic apnœa we have evidence of congestion of the bronchial system of vessels in the occasional occurrence of bronchial hæmoptysis, and in the more constant occurrence of bronchial mucous expectoration, which is copious and prolonged in proportion to the intensity and duration of the previous paroxysm.

I have dwelt at some length upon the phenomena of asthma as a type of partial acute apnœa. The causes of acute apnœa are very various; but in all essentials the phenomena are alike. Whether the apnœa be the result of hanging, drowning, suffocation, inflammatory croup, diphtheria, epileptic or tetanic spasm implicating the respiratory muscles, division of the vagi nerves as in Dr. John Reid's experiments, apoplectic coma, narcotic poisoning, or injury to the upper part of the spinal cord,—in each and all of these cases, in proportion to the suddenness and completeness of the apnœa, the pulmonary capillaries are anæmic, while the vessels containing black blood which lead up to those capillaries, are gorged. In all these cases, too, the retrograde passive engorgement of the bronchial veins and capillaries results in a serous and mucous, and sometimes sanguineous, exudation into the bronchial tubes.

We are now in a position to understand the condition of the lungs which is found in cases of *chronic* apnœa. In acute apnœa we have seen that the lungs are anæmic, and we have explained this by the stop-cock action of the minute pulmonary arteries consequent upon the suspension of the respiratory changes. When death occurs after a state of partial apnœa has continued for many hours, or for several days, the lungs are always found more or less gorged with blood and serum. The explanation of this is simple. The apnœal blood-stasis in the pulmonary artery throws back the blood upon the bronchial veins and capillaries, from which there is poured a serous dropsical exudation into the bronchial tubes. This fluid, sometimes blood-tinged, reaches the extremities of the bronchial tubes and the air-cells, where it compresses the network of pulmonary capillaries, and impedes the flow of blood through them. Thus the lung becomes more and more gorged with blood and serum. An analogous phenomenon may often be witnessed in anasarcous legs. The accumulation of liquid in the areolar tissue sometimes compresses the vessels so as to cause passive congestion, and not unfrequently inflammation and gangrene, of the skin and tissues beneath the skin.

A case of tricuspid regurgitation, which occurred under my care in the hospital twelve years ago, affords an instructive illustration of the effect of an impediment originating in the right side of the heart, first upon the bronchial, and secondly upon the pulmonary, circulation. I gave the particulars of this case in a clinical lecture which was published in the *Medical Times and Gazette* of February 13th, 1858. A woman, aged fifty-two, was admitted with general dropsy, albuminuria, a systolic bellows-sound at the bottom of the sternum, distended and pulsating jugulars, and the physical signs of bronchitis. A single large dose of elaterium acting very freely upon the bowels cleared away the dropsy, the albuminuria, and the bronchial secretion. After a short time, however, *all* the symptoms returned, and she died. We found, as we had expected, great dilatation of the tricuspid orifice, while the valves on the left side of the heart were normal. The lungs were much engorged. In this case it is clear that the primary cause of all the suffering was incompetence of the tricuspid valve. There was, consequently, a reflux of blood into the systemic veins; renal congestion and albuminuria, anasarca, bronchial congestion and exudation, and then a secondary obstruction of the pulmonary capillaries. It is interesting to note that before her admission she had spat some blood, the source of which was in all probability the over-gorged bronchial capillaries. We are familiar enough with the occurrence of hæmoptysis as a consequence of mitral or aortic valve disease; the source of such hæmoptysis being the pulmonary capillaries, while disease on the right side of the heart throws back the strain and pressure primarily upon the bronchial vessels. If there were no bronchial vessels, if the sole blood-supply to the lungs were through the pulmonary artery, the tendency of obstruction at the right side of the heart would obviously be to render the lungs anæmic, and not to overfill them with blood.

Another interesting phenomenon, allied to those to which I have already referred, is the œdema of the sound lung, which not unfrequently occurs when one lung has been suddenly consolidated by pneumonia, or compressed by a pleuritic effusion. In such a case we sometimes hear crepitating sounds in the bronchi of the healthy lung; and we look upon this condition of things with anxiety, because we know that an increase of the œdematous effusion into the bronchi may cause fatal apnœa. Until quite recently I have always considered that the pulmonary capillaries were the source of the serous exudation in these cases. I have now no doubt that it is from the bronchial capillaries mainly that the liquid escapes. In consequence of the impervious condition of the lung on the diseased side there is a state of partial apnœa; more blood is sent to the sound lung than can readily be aërated; its progress is checked and regulated by the stopcock action of the minute pulmonary arteries; there is more or less engorgement of the right cavities of the heart and the systemic veins; and with this there is bronchial congestion, and a consequent serous exudation into the bronchi.

Once more, it is notorious that patients who have general vesicular emphysema of the lungs are very liable to bronchial catarrh. Why is this? In an emphysematous lung there is dilatation of air-cells, rupture of their walls, and obliteration of capillaries. The vascular network of the lung is much diminished; there is consequently an impeded pulmonary circulation, fulness of the right side of the heart and systemic veins, bronchial capillary congestion, and so a liability to catarrh and bronchitis. This passive congestion of the bronchial mucous membrane predisposes to catarrh and bronchitis, just as varicose veins in the leg predispose to inflammation of the integuments. Another result of the passive congestion of the bronchial capillaries, which is a consequence of emphysema, is the occasional occurrence of bronchial hæmoptysis. Of this I have seen a considerable number of instances, and not a few in which the occurrence of blood-spitting has led to an erroneous diagnosis of tubercular disease of the lung.

The *liver* resembles the lung in this respect, that, as an excretory organ, it is supplied with venous blood. Like the lung, too, it receives a separate supply of arterial blood, through the hepatic artery, for the nutrition of its own tissues. It differs from the lung in this important particular, that the blood retains its black and venous character as it emerges from the liver. There is therefore no need for a companion vein to the hepatic artery corresponding with the bronchial veins; but the blood from the hepatic artery, after supplying the liver tissues, mingles with the portal blood, and so passes on into the vena cava. In cases of cirrhosis of the liver there is an impeded circulation through the gland: the whole of the portal venous system is consequently engorged; the hæmorrhoidal veins are often enlarged; there is sometimes hæmorrhage from the mucous membrane of the alimentary canal, and still more frequently a serous dropsical effusion into the cavity of the peritoneum.

The *kidney* differs from both the lung and the liver in this respect, that it has but one source of blood-supply. The blood of the renal artery serves at once to nourish the gland and to supply the materials for its secretion. With respect, however, to the distribution of blood within its substance, the kidney presents some points of analogy with the lung on the one hand, and with the liver on the other. It resembles the lung in the fact that it has two sets of capillary vessels—the Malpighian capillaries and the intertubular capillaries; but it differs from the lung in the fact that the same blood passes in succession through both sets of capillaries. Then there are some points of analogy between the capillary arrangement within the kidney and that within the liver. Mr. Bowman, in his original paper "On the Structure of the Malpighian Bodies of the Kidney," pointed out that each efferent vein may be looked upon as a portal vein in miniature, the resem-

* I use the terms "asphyxia" and "apnœa" in their strictly literal sense of *pulselessness* and *breathlessness*.

blance between the portal and the efferent vein consisting in the fact that each vein intervenes between two sets of capillary vessels. And thus we find that as an impediment to the circulation through the liver causes a serous exudation into the cavity of the peritoneum from the capillary vessels in which the portal vein takes its rise, so an impeded circulation through the kidney causes a serous exudation from the capillary vessels in which these miniature portal veins—the efferent veins—originate, and this serous exudation from the Malpighian capillaries passes into the uriniferous tubes. Dr. George Robinson, Frerichs, and others have shown that a ligature on the renal vein of a rabbit causes a retrograde engorgement of the Malpighian capillaries, and a consequent escape of blood constituents into the uriniferous tubes, which, mingling with the urine, render it albuminous. In cases of Bright's disease there is an impeded circulation through the intertubular capillaries, which is, in part at least, occasioned by the pressure of the swollen tubes upon the vessels which lie between them; there is, consequently, an engorgement of the Malpighian capillaries, a serous exudation into the uriniferous tubes, and thus an albuminous condition of the urine.

We see, then, that while an impeded circulation through the lungs throws back the blood upon the bronchial veins and capillaries, and causes a serous, mucous, or sanguineous exudation into the bronchial tubes, an impeded circulation through the liver distends the portal veins and capillaries, and causes hæmorrhage from the mucous membrane of the alimentary canal, or serous effusion into the cavity of the peritoneum; and, lastly, an impeded circulation through the kidney distends the Malpighian capillaries, and causes a serous exudation, and sometimes hæmorrhage, into the uriniferous tubes. The results in each case are readily explained by a reference to the peculiarities of the circulation in each of these important organs—the lung, the liver, and the kidney. Without such a reference the facts are utterly unintelligible.

If there be anyone who doubts whether the retrograde action of a block to the circulation can be so far-reaching as I have described it to be, he has only to be reminded of the undoubted fact that an obstructive valvular disease on the left side of the heart may affect the most remote parts of the circulatory system. Thus the impediment resulting from a defective mitral valve may extend backwards through the pulmonary capillaries to the systemic veins and capillaries, causing anasarca of the feet, &c.; it may extend through the capillaries within the liver to the portal vein and its capillary origin, causing ascites; and through the intertubular renal capillaries to the Malpighian capillaries, causing albuminuria. It is manifest that neither extreme distance from the seat of obstruction, nor the intervention of two successive sets of capillaries, will prevent that retrograde passive engorgement of vessels which results from a block in the course of the circulating current.

In a future communication I shall endeavour to show that a careful study of the hydraulics of the circulation will lead us to the establishment of some simple, yet most useful, guiding principles for the employment of bloodletting, general and local, and for the use of hot and cold applications and counter-irritants in the treatment of inflammation.

Savile-row, June, 1868.

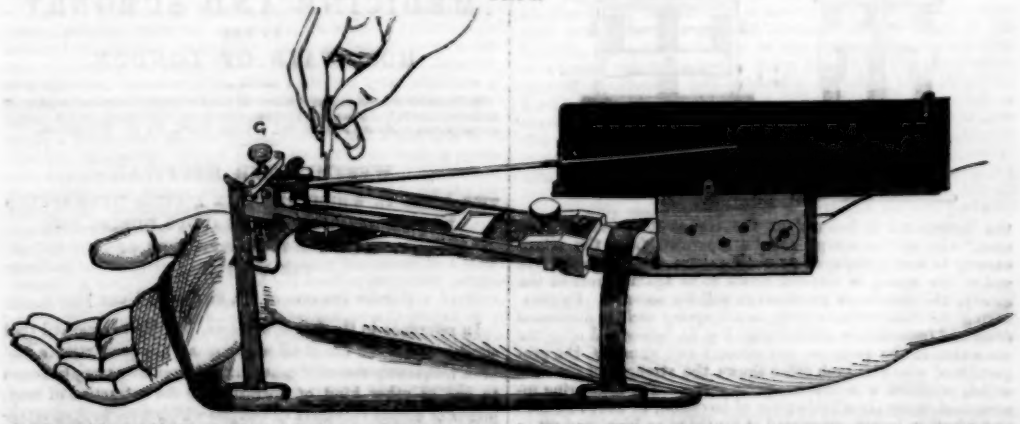
ON CERTAIN MODIFICATIONS OF MAREY'S SPHYGMOGRAPH.

BY FRANCIS E. ANSTIE, M.D.

SEVERAL very important changes in certain details of Marey's sphygmograph have been made since its introduction into this country, and it is desirable that the profession should understand clearly the principles on which they have been adopted, for the discovery of these principles has given an altogether new aspect to sphygmography. Ingenious and beautifully manufactured as the original French instrument was, it possessed certain faults which rendered its employment by anyone, except an adept, worse than useless, so many were the fallacies to which its indications might lead when it was applied in an improper manner. The alterations which have now been made, although they do not render the instrument absolutely perfect, do at least remove a great many difficulties from its general use, by making it much more easy of application in such a way as to get uniform results.

The first important improvement was made in 1866 by Mr. Berkeley Hill. The few persons who were working the instrument in England had felt, above all things, the annoyance which was produced by the clumsy method of *adjustment*. Nothing was more common than for five or ten minutes, or a quarter of an hour, to be lost in securing a tracing which represented the full power of the pulse, and it not very unfrequently happened that no tracing could be obtained at all. Mr. Hill perceived that it was necessary that there should be a uniform position of the hand and arm, that the limb should be solidly maintained in that position, and that the fastenings should be of such a character that when once the tactile spring had been so placed on the artery as to receive its fullest pulsations, there need be no more adjustment, but the tracings might be taken immediately. The reader will observe, in reference to Fig. 1, that these purposes are admirably secured by the pad on which the arm rests, and the elastic bands by which the sphygmograph is held in place. The hand is bent back over the thick end of the cushion, and fastened by an elastic strap across the palm, which should *always* be drawn tight enough to make the knuckles *touch the table or bed*. The radial artery is thus projected to the utmost, and the application of the instrument is in every way facilitated, as well as made more accurate and certain.

FIG. 1.



Even more important is the new apparatus made by Messrs. Weiss, and a similar arrangement by Mr. Meyer, for the *graduation* of the pressure of the tactile spring upon the artery. It is not too much to say that this improvement, the principle of which originated with Dr. Burdon-Sanderson, has put an entirely new value upon the sphygmograph, increasing indefinitely the precision of its record. I must ask the reader to follow me carefully in my explanation of the matter, because it is evident, from the remarks which I frequently

hear made, that the new arrangement is much misunderstood.

The first commencement of the new mode of modifying pressure was owing to the observation by Dr. Sanderson, that certain fever pulses were too weak to be effectively recorded unless the spring of the sphygmograph were weakened by *extending it at its free end.* This was at first accomplished by putting pledgets of lint, next by putting blocks, of various thickness, under the brasswork of the instrument at the end towards the wrist. By these means the instrument was pushed away from the artery, and the free end of the spring had to be extended (by turning its *little* screw) in order to bring it in contact with the radial. Dr. Sanderson then reconsidered the whole principle of spring pressure; and he arrived at the conclusion that the *large* button in the centre of the instrument, which was devised by Marey for the purpose of altering pressure, cannot conveniently be so used as to modulate pressure in uniform gradation, even for high pressures, while for the weaker pulses it does not provide the means of sufficiently weakening the spring. He adopted the principle of *fixing* the centre button at a definite pressure of 300 grammes, which it was supposed would be enough for the *most resistent* pulses; and when this required to be diminished, it was done by putting blocks of different thicknesses under the wrist end of the sphygmograph (screwing down the free end of the spring in corresponding degree). The distance between the tactile spring and the writing lever, having been measured (in tenths of an inch) when the 300 grammes pressure was on, was remeasured after the free end of the spring had been extended sufficiently to develop the maximum pulse. The proportion between the two distances showed the amount to which the pressure has been lowered—e. g., if at 300 grammes, the distance was $\frac{4}{10}$ of an inch; then an increase of the distance to one inch would mean a reduction of pressure to 150 grammes; and so on.

Dr. Sanderson's principle being established, it only remained to make its mechanical application easy. This has been done at my instance by Mr. Foveaux, of Messrs. Weiss and Son's, and at Dr. Sanderson's instance by Mr. Meyer. Instead of the graduated blocks, which were inconvenient and wanting in precision, an apparatus is used for regulating the extension of the free end of the spring, which is represented in the woodcuts as G. [In the larger drawing, Fig. 1, and in Fig. 2 which represents the end view, Weiss's modification is shown; in Fig. 3, an end view, Meyer's modification. The difference is only in the most trifling details.] By turning the screw at G, after

FIG. 2.

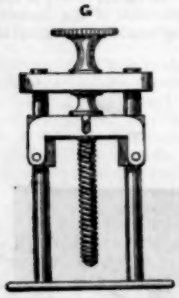
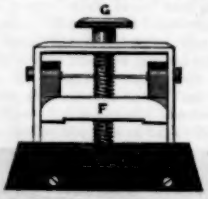


FIG. 3.



the instrument is fastened on the arm at 300 grammes pressure,* the sphygmograph can be separated from the artery exactly to such a distance as shall ensure that when the free end of the spring is screwed down so as again to rest on the artery, the maximum pulse-curve will be secured. By measuring *the distance between the tactile spring and the horizontal brass rod immediately above it* (*vide* Fig. 1), before and after the reduction of the pressure, one obtains two numbers, the proportion of which to each other shows the strength of pressure which produces a maximum pulse-curve. The measuring instrument is simply a little piece of boxwood, of about an inch and a half in length, graduated in tenths of an inch, and set in a little wooden handle. Further, at my suggestion, Messrs. Weiss have added a scale which (under certain conditions) shortens the process of measuring the pressure. One of the pillars of the little graduation apparatus is marked in tenths of an inch. When the sphygmograph is applied repeatedly to the same person, it is possible to make this scale serve instead of the wooden measure, after the latter has been once used. For example, supposing that on the first occasion of taking the pulse of a fever patient I find that the distance between the tactile spring and the horizontal brass rod must be increased from $\frac{4}{10}$ to $\frac{8}{10}$ inch in order to get the maximum pulse-curve. That means that the pressure is reduced to 150 grammes. [During these experiments the position of the hand must be invariable, the knuckles touching the table or bed, and the end of the tactile spring resting on a selected point of the artery, which should be marked and never varied.] Looking now at the scale on the brasswork, I see that the pillars of the graduation apparatus have shifted their position by so many tenths of an inch. Hereafter I know that, in the same position of hand and arm, so much alteration of the scale in the brasswork means, *in this patient*, so much alteration of spring pressure, and can thus read off the resisting power of the pulse on successive days in a comparatively simple manner.

The value of being able to *mathematically estimate* the resisting power of a pulse, which we owe in the first instance to Dr. Sanderson, is very great. The practical purposes to which it may be turned are very numerous, but I shall content myself with one which will not fail to impress the reader. If, on examining a patient with acute febrile symptoms (no matter from what cause), I find that the pressure which is best suited for bringing out the maximum pulse-curve is very low (say 100 to 120 grammes), I am pretty certain that the case will require wine. If, on the other hand, I discover that the pulse requires 200 grammes power to elicit its maximum trace, then the case does not, at any rate as yet, require stimulation.

Another item of improvement which has been made is the abolition of the check spring which used to guard the ascent of the writing lever. This has been proved to be always useless, and sometimes mischievous, as causing fallacious traces.

Finally, an important source of trouble in application, and of fallacy in result, has been removed by the substitution of smoked glasses scratched by a needle-point, for the old pen, ink, and paper of the writing apparatus. Glass slides are used, blackened with the smoke of paraffine; and the writing lever is armed with a needle-point. Friction is thus reduced to a minimum, and the resulting traces are delicate and beautiful. They may be preserved by varnishing the slide with photographic varnish.

Wimpole-street, June, 1868.

* Since this was originally written, Dr. Sanderson has come to the conclusion that 400 grammes is the best maximum at which to fix the centre screw, as it appears there are a few pulses for which 300 grammes is not enough pressure.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

TWO CASES IN WHICH FLEXIBLE BOUGIES WERE BROKEN IN THE URETHRA AND BLADDER DURING THE TREATMENT OF STRICTURE OF THE URETHRA.

(Under the care of Mr. BARNARD HOLT.)

IN reference to the following cases, Mr. Holt remarked that similar ones were not at all uncommon; the same results had been frequently recorded where it had been necessary to resort to one or other kind of operation for the extraction of fragments of elastic catheters or bougies which were broken either in the urethra or bladder. He deprecated the use of such instruments, not only because of their danger, but because they were much less effective, gave more pain, and were passed with much greater difficulty than the highly polished solid bougie. All his patients who had been subjected to the operation by rupture were taught to pass solid bougies—an evidence of the facility with which the proceeding could be

effected after the stricture had been properly treated. He admitted that the instruments now made were certainly an improvement upon those manufactured fifty years ago, but even these were liable to break if they had been used too often, or had become in the least degree cracked. He particularly deprecated the use of such instruments for the cure of organic stricture, and showed the students the impossibility of passing a small flexible bougie through an indurated stricture which would only admit a No. 1 silver catheter. Such bougies were so flexible that they bent upon themselves the instant any real obstruction was offered, and the increase in the size of the body of the bougie prevented its onward progress through the stricture. He particularly referred to two cases then under treatment: one a bad, organic, old, tight stricture, where the flexible bougie utterly failed, but where a No. 1 silver catheter could be introduced; and a second, where the patient was suffering from retention of urine, and where prolonged attempts had been made to pass a catheter immediately prior to Mr. Holt seeing him, the failure being more due to the want of skill on the part of the surgeon than to the density of the stricture, for Mr. Holt passed a No. 2 silver catheter without difficulty, and, after removing a considerable quantity of urine, he showed the students the ease with which a No. 1 gum bougie could be passed. He urged that in all such cases the elastic instrument gives no evidence of the calibre of the stricture; for it must be one or even two sizes less than the diameter of the narrowed canal to allow it to pass through, and this simply from the fact that it has not sufficient resisting power to overcome a dense obstruction. He was of opinion also, that whereas the introduction of a No. 1 silver instrument required the skill of an experienced surgeon, the passage of an elastic instrument required no experience whatever, and might be committed to the hands of the merest tyro in our profession. Mr. Holt stated that there were only two classes of cases where an elastic *catheter* was used with advantage—viz., one where the stricture was tortuous, the result of thickening at different sides of the urethra, and the other where it was advisable to retain the catheter for the purpose of temporarily enlarging the canal for the after-passage of another and more effective instrument. He pointed out the utter inutility of retaining a catheter in the bladder for the cure of organic stricture. No instrument, Mr. Holt said, is capable of enlarging a true organic stricture except by its distending power. A real stricture would never become enlarged by passing an instrument smaller than the diameter of the contraction, except as a temporary expedient. A retained catheter first excites and afterwards exhausts muscular irritability, and it is in this manner that it acts in apparently enlarging the canal; but so soon as the catheter is removed, and the muscular contractility is reproduced, so soon does the stricture return.

CASE 1. *Stricture of eighteen years' duration; fistulæ in perineo; calculus impacted around broken bougie; operation for removal of calculus; subsequent operation for stricture by rupture; recovery.*—George G——, aged forty-one, a labourer, was admitted January 27th, 1868, suffering from stricture of the urethra and urinary fistula. He stated that fourteen years since, while undergoing gradual dilatation at a provincial hospital, a bougie was broken in his urethra, and about half of it was left remaining. Three days after the accident an operation was performed for his relief, and a fragment of the bougie, measuring three inches in length, was removed. On the following day another fragment, about an inch in length, was ejected while he was making water. The perineal incision readily healed up, and in six weeks after the operation he was enabled to leave the infirmary, passing his urine in a small stream. A fortnight after he had left another portion of bougie, about half an inch in length, came away from his urethra, and at this time he first became sensible that a fragment of it which still remained had shifted from its original position to a point nearer the glans. He was now unable to pass his catheter beyond this obstruction, against which he could distinctly hear the instrument grate. The stricture now speedily returned, and during the last fourteen years he has had great difficulty in passing his water, and frequent attacks of retention of urine. A fortnight previous to his admission into the Westminster Hospital he first noticed a small lump in his perineum, and a week afterwards a fistulous opening was established, through which almost all the urine was passed, a few drops only escaping by the penis. On introducing a catheter an obstruction is met with about five inches from the meatus, but exploration with a probe through the fistula fails to give positive evidence of a foreign body being located within the urethra. As the man, however, persisted that "there was a piece left behind," Mr. Holt determined to operate.

The patient being placed in the lithotomy position, a grooved staff was passed as far as it would go, and an incision was made upon its point; but although the urethra was freely opened, no fragment of bougie could be felt. A further examination, however, detected a hard body outside the urethra, and close to the ascending ramus of the ischium of the right side. This Mr. Holt cut into, and removed a calculus an inch and a half in length, in the centre of which was the fragment of the bougie. A small catheter could now be passed through the pouch in which the stone had been impacted into the bladder, but no instrument could be made to enter through the strictured portion of the canal. A small piece of oiled lint was placed in the wound, and the patient was sent to bed.

Feb. 12th.—Has not passed a good night, although his pain was not intense. Pulse 84; skin rather hot.

13th.—Better night. Pulse 80. Bowels relieved. Skin hot and dry. Urine passes entirely through the wound. Ordered effervescing mixture; ten grains of Dover's powder at bedtime.

14th.—Slept very well. Pulse 96. The perineal wound being agglutinated, the patient suffered great pain in his efforts to pass water. Separation of the wound, and an opiate, relieved him.

15th.—Better. A very small quantity of urine has passed by the penis.

March 12th.—After having made, at different intervals of time, three ineffectual attempts to introduce a catheter, Mr. Holt succeeded to-day in passing a No. 1 silver catheter, which was retained for nineteen hours, and then replaced by one of a size larger, so that Mr. Holt could afterwards introduce his dilator.

On March 19th Mr. Holt split the stricture, and immediately afterwards passed No. 10 catheter with the greatest ease. The urine having been removed, the catheter was withdrawn; and the patient can now pass his water in a full stream, and but little comes through the fistula.

April 2nd.—The quantity of urine which escaped through the fistula has gradually diminished, and to-day for the first time he has made water without any portion of it passing through the perineal opening.

7th.—Passes his water in a full stream, and entirely through the penis. He leaves the hospital to-day, not having had a single unfavourable symptom since the stricture was ruptured by the dilator.

CASE 2. *Stricture of the urethra of twelve years' duration, in which an elastic bougie was broken in the bladder. Extraction per urethram by the lithotrite.*—H. R—— consulted Mr. Holt, suffering from symptoms of stone in the bladder. He stated that three years since, while undergoing gradual dilatation for the relief of his stricture, the flexible bougie broke in the bladder during the attempt of the surgeon to remove it. Since that period he had suffered greatly from irritation of the bladder, and pain at the end of the penis. The introduction of a sound detected a rough body, not giving the exact sensation of a calculus, but evidently movable, and somewhat hard. Mr. Holt introduced a lithotrite, and succeeded in catching the fragment within the blades, and removed it from the bladder. It was found to be a portion of gutta-percha bougie, an inch and a half in length, and thoroughly coated with phosphatic calcareous deposit. The patient suffered but little from the operation, the irritation of the bladder almost immediately subsided, and in a fortnight he was perfectly well.

MIDDLESEX HOSPITAL.

SCIRRHUS OF THE BREAST, THE DISEASE RECURRING IN THE GLAND AFTER AN OPERATION IN WHICH THE SCIRRHOUS TUMOUR WAS EXCISED WITHOUT REMOVING THE BREAST; SECOND OPERATION; RECOVERY.

(Under the care of Mr. GEORGE LAWSON.)

WE can best preface this case by quoting some clinical remarks which were made by Mr. Lawson upon it. "This case," he said, "is an illustration of the danger attending the removal of a scirrhous tumour, without taking away at the same time the breast from which it has sprung. This practice has lately been revived by some London and Continental surgeons, and, judging from the patients I have seen who have been subjected to it, the results are not such as would justify its con-

tinuance. Such a partial operation can only be practicable in cases of lobular cancer, where the growth seems to start from the edge of the gland, and where the breast itself appears to be free from disease. It is, however, a mode of treatment to be strongly deprecated, as the disease is almost certain to return in the breast, and in so active a form as to render a second operation very unfavourable. In this patient a small scirrhous tumour was excised from the edge of the breast, which from the patient's account was apparently free from the disease at the time of the operation; but in about two months the old pain returned, and the gland began rapidly to enlarge. For nearly twelve months the disease was allowed to progress, as the patient naturally dreaded a second operation when she had benefited so little from the first. Her constant suffering, and the increasing size of the tumour, at last compelled her to seek advice, and she was admitted into the Middlesex Hospital. With as little delay as possible I removed the entire breast, a proceeding which would have promised better for the patient had it been adopted in the first operation."

Mary W——, aged fifty-four, was admitted into the Middlesex Hospital on March 23rd, 1868, suffering from a large cancer of the right breast.

Family history.—The second of a family of three. Her father died at thirty-eight—cause not known; her mother of old age, over eighty; her sister of typhus.

Patient's history of herself.—In December, 1866, she noticed a small lump on the inside of the right nipple. In the following May, when it had attained the size of a hen's egg, she came under treatment elsewhere; and the tumour was excised, but the breast left. The pain returned about two months after the operation, and the breast began to increase rapidly in size.

State on admission.—The breast is enormously enlarged; the nipple scabbed and retracted into a long scar across the under-surface of the breast, where a cancerous tumour was removed a year ago. The skin is movable over all the parts beneath, but it is seamed from former distension, and is highly œdematous. No glands can be felt in the fat axilla.

Progress and treatment.—Mr. Lawson excised the whole breast, including the old cicatrix and a large portion of the skin which was involved in the disease. He also removed several hard and enlarged glands from the axilla. On making a section of the breast, the gland was found to be infiltrated with hard cancer, the morbid matter stretching freely into the surrounding parts. The wound was thoroughly dabbed over with a solution of chloride of zinc (forty grains to an ounce). The edges of the wound were then brought together with sutures. The patient made a good but a somewhat tedious recovery, and left the hospital on May 12th, with the wound almost healed.

Provincial Hospital Reports.

KIDDERMINSTER INFIRMARY.

A CASE OF COMPOUND FRACTURE OF RADIUS AND ULNA; USE OF CARBOLIC ACID; SECONDARY HÆMORRHAGE; RECOVERY.

(Under the care of Dr. ROSE.)

JAMES P——, aged sixty-eight, of a stout and full habit of body, foreman dyer at a carpet factory, while at work assisting a comrade, got his left forearm entangled in the rollers, sustaining a compound fracture of radius and ulna, with great contusion and laceration of soft parts above the wrist; the radial artery was torn across; there was very little hæmorrhage. It was resolved to attempt to save the limb. It was put up in padded splints, and the wound dressed with lint soaked in carbolic acid and linseed oil (one to five), and covered with gutta-percha tissue.

The patient was admitted into Kidderminster Infirmary on Jan. 13th, 1868. On the next day there was great constitutional disturbance, with constant bilious vomiting, feeble pulse, and great prostration. A sinapism was applied to the epigastrium, and effervescing draughts with ice were given. This afforded some relief. The following day there was rather profuse melæna and an almost imperceptible pulse. Half a grain of opium was given every four hours with brandy, and tincture of perchloride of iron and spirit of chloroform in moderate doses. Under this treatment he improved very much. The carbolic acid was continued, and on the 20th of January a favourable termination of the case was confidently expected.

Jan. 25th.—Hæmorrhage to the extent of about three ounces took place from the radial artery; this was checked by applying pressure to the brachial artery, and lint soaked in solution of pernitrate of iron to the wound. A consultation of the surgical staff was immediately held, and amputation was recommended. To this the patient most positively refused to submit, and it was not insisted on.

26th.—No return of hæmorrhage, and the patient feels and looks better; is very cheerful, and confident of getting well, saying "I'll cheat you all yet."

28th.—Carbolic-acid dressing continued.

29th.—Continues to improve. A good deal of purulent discharge from wound. To have half a grain of opium three times a day; good diet, with wine and brandy.

Feb. 3rd.—Much purulent discharge of a healthy character. Iron-and-chloroform mixture and stimulants continued.

April 4th.—During last month there was considerable œdema of arm and forearm; a portion of the radius is dead, and seems inclined to separate.

8th.—Fluctuation being distinct over front part of elbow, an incision was made, and exit given to a considerable quantity of pus.

16th.—About an inch and a half of protruding radius, part of which was necrosed, removed, ether spray being applied to the surrounding granulations.

19th.—Wound closing slowly.

May 9th.—Wound nearly healed, and general health very good. Is this day discharged at his own request. He has recovered almost complete use of his hand, but, from the loss of bone, the forearm is weak, and is still supported by a gutta-percha splint and bandage. Notwithstanding his advanced age, he is desirous of resuming his employment, but his ability to do this is still doubtful.

Reviews and Notices of Books.

The Natural and Morbid Changes of the Human Eye, and their Treatment. By CHARLES BADER, Ophthalmic Assistant-Surgeon to Guy's Hospital. 8vo, pp. 505. London: Trübner. 1868.

Plates illustrating the Natural and Morbid Changes of the Human Eye. By CHARLES BADER. London: Trübner. 1868.

THE English literature of ophthalmic surgery has long been outstripped by the progress of knowledge in this department of our art; and, although treatises upon ophthalmology, more or less complete, have appeared in France and in Germany, there has been, until now, no English work embracing the whole range of the science, and embodying in a complete manner the principles and the practice of the present day. It has been reserved for Mr. Bader to supply a great want, and to enhance an already high reputation.

The works already before the medical public, and with which that of Mr. Bader may be compared, are not numerous. The French translation of Mackenzie, with its modern "Supplement," and the treatises of Wecker, Seitz and Zehender, and Stellwag von Carion, would almost complete the list. When measured against such rivals as these, Mr. Bader's book presents merits of a high order, and of a kind likely to be thoroughly appreciated by English practitioners. The difference is that French and German writers have striven to represent the ophthalmic practice of the civilised world; and that Mr. Bader has only attempted to represent the ophthalmic practice of Guy's Hospital. Lord Macaulay contrasts Plato and Bacon: "Plato drew a good bow, but he aimed at the stars; Bacon fixed his eyes on a mark which was placed on the earth and within bowshot, and he hit it in the white." The works of foreign writers are, in one sense, more complete. They contain accounts of all the pathological doctrines, and of all the suggestions for treatment, in every malady; they bristle with notes and citations; they overflow with histories of cases. But they do not contain the brief, and, so to speak, authoritative guidance that is wanted from a book professedly in the van of science, and to which we turn for knowledge *what to*

do. The student would sometimes be as much perplexed as guided by them. Mr. Bader, on the other hand, says in his preface:—

"I have not entered into any criticism in the course of the book as regards the medical, surgical, or optical treatment of affections of the eye. Having for more than twelve years followed the practice at the different eye infirmaries of this metropolis, and for several years that of continental hospitals, I have preferred stating the treatment which I should recommend to be adopted."

In accordance with the principle thus laid down, he omits all mention of some methods that have not only been suggested, but even widely and successfully adopted. For example, there is not a single word about von Graefe's "modified linear extraction" of cataract. Such an omission as this is, we think, a blemish; but many other omissions, on subjects of less importance, may be regarded as clear gain to the reader. The book neglects no single subject, but it does not include, and does not profess to teach, doctrines in which its author disbelieves, and methods which he does not practise.

The plates by which the work is illustrated are put into a case apart from the letterpress, and may be purchased separately. They contain by far the best ophthalmoscopic chromolithographs that have yet been published; the nearest, both in tint and in softness, to the eye itself. But these, excellent as they are, convey no idea of the beauty and fidelity of Mr. Schweizer's drawings, from which they have been taken, and which may be seen at Guy's Hospital.

Mr. Bader does not write English as his mother tongue, and some of his sentences have been carelessly revised by those on whom the work of revision has been cast. Thus we read that corneal ulcers are "observed spontaneously." This is like a ragged button on a Court dress. Moreover, by an obvious misprint, the retina is stated to be one-ninth of an inch in thickness.

Putting aside these trifling blemishes, and leaving it as a matter of opinion whether on some points the practice of other surgeons might not have been described with advantage, we have still to speak of Mr. Bader's book in terms of very high commendation. It supplies a want in English literature that was more and more felt every year, and it is at present quite without a rival.

Le Livre de Cuisine. Par JULES GOUFFÉ. Paris: Hachette et Cie. 1867.

WHEN Captain Lickfinger undertook to civilise the anthropophagi—wild or Christian, actual or metaphorical—by means of "spit and pan divinity," his cultus failed of a gospel, and was little better that fetishism. And since the redoubtable Captain's day there has been a multitude of culinary prophets and priests, but none, perhaps, to whom the devotees of the spit and the stew-pan would universally bow until Jules Gouffé took pen in hand and wrote "Le Livre de Cuisine." This book is a veritable gospel of cookery. It is remarkable, moreover, for the sumptuous manner in which it is published. Rarely has a more exquisitely illustrated and printed work issued from the Paris press. The woodcuts and chromo-lithographs profusely distributed through the pages are as near perfection, perhaps, as it is given to pencil, graver, and pigments, thus employed, to achieve. They are, however, but fitting adjuncts to the subject-matter of the book, the cardinal merit of which is, indeed, its precision of instruction and detail.

M. Gouffé tells us that he was prompted to write this work by the unsatisfactory character of the majority of the cookery books in use. The authors, he avers, have copied servilely the one from the other, following blindly in the same track of routine, wandering vaguely and often entirely astray. They have failed in that precision of detail as to formulæ, weights, measures, quantities, and time, without which a cookery book is a delusion and a snare. They have degraded instead of elevating the culinary profession; and they have not aided either the learned or the unlearned, the man of the world or the handicraftsman. For the honour of his profession and in the interests of humanity M. Gouffé has taken to his desk and given to light the treasures of an almost unrivaled experience; and this work is the splendid result—a work of which not the least of its many merits is, that it is fitted equally for the ordinary requirements of the household and for the transcendentalism of the table.

It is a gratifying indication of the development of high-class culinary propensities in England that Messrs. Sampson Low, Son, and Marston are about to publish an English edition of M. Gouffé's work. This indication is but one of numerous signs that a rapid process of culinary regeneration is going on in this country. Of these signs, one of the most satisfactory is the multiplication of books upon or referring to cookery.

Thoughts of a Physician. Being the Second Series of "Evening Thoughts." London: John Van Voorst, Paternoster-row. 1868.

WE are glad that the reading world has endorsed the very favourable opinion we formed of the first series of "Evening Thoughts," and that the Physician has been led to publish a second series. As the outward senses—the lust of the eye and the pride of life—grow less keen, it may be on purpose that the spirit may rest secure and undisturbed in the contemplation of a brighter future. Such is, in substance, the remark of a master-mind in our profession, and it may be appropriately applied to this little volume. There is a calmness of thought and a quiet suggestiveness of expression in most of the essays which make them very pleasant reading.

The Lancet Sanitary Commission

ON THE

STATE OF THE BARRACKS OF THE HOUSEHOLD CAVALRY.

No. II.—KNIGHTSBRIDGE.

SEVEN years ago the Barrack Commissioners reported the Knightsbridge Cavalry Barrack to be one of the worst in the United Kingdom, and from radical defects in its structure as not admitting of material improvement. One might have supposed, after this emphatic condemnation by such a competent authority, that it would have been immediately destroyed. But no. A few feeble attempts at improvement have been made, but in reality the barrack remains the same low, dirty set of buildings, huddled together in a very confined position, and as unfit as ever for the accommodation of officers, men, and horses.

The principal buildings are about 500 feet long and 80 feet wide. They are arranged round a court-yard, the ventilation of which is imperfectly provided for by gateways placed north and south. The air is redolent of horses and horse-manure, for the whole of the lower story consists of stables, and the litter and manure are thrown out directly under the windows of the barrack-rooms above, and of the corridors giving access to them. The stables are dark, and, notwithstanding great improvements, ill-arranged and badly ventilated. Wooden shafts are supposed to conduct the foul air to cupolas outside the roof. But the effluvium escapes upon the way, and percolates into the troopers' quarters. The horses and stables are as clean as unremitting care can make them. The open part of the square is used as a parade-ground. At each corner is a most objectionable double urinal of porous stone, and near to it an open staircase leading to the corridor which runs round the building on its inner side. From this the domestic offices

of the regiment are approached, also the stores, kitchens, lavatories, reading-room, and canteen; and on each side are a set of quarters for married men. This story was originally occupied as mess-rooms for the privates, who used formerly to sleep only in the rooms above. About thirty years ago a change was made; more room was required for regimental purposes, and, instead of building the required accommodation, the authorities chose to obtain it by curtailing the comforts and convenience of the men. The mess-rooms were taken from them, and they have been since compelled to take their meals in the places where they sleep. In this portion of the building the ceiling is only eight feet high; all the rooms are dark, and the ventilation is most imperfect, because the small square windows never reach the top. The most commendable parts are the kitchens, stores, and canteen. The first is fitted with Deane's cooking apparatus, and the last well provided with good fare at moderate prices, though it presents no very attractive appearance in other respects.

The ablution-rooms are dark, and the floors perpetually wet. They are provided with shallow sinks and dirty-looking iron basins. There is no looking-glass; no place to lay a towel or the soap. A trooper was shaving under extraordinary difficulties, and it is not surprising that a stable bucket is very generally preferred. The arrangements are altogether insufficient, and must be emphatically condemned. Between the lavatory and canteen are the quarters of the married men. The presence of women and children in the barrack was never contemplated in the original design. The apartment visited consists of a low barrack-room, partitioned off into three bedrooms, and one larger irregular division, in which the only firegrate is placed. In this three families with children are compelled to live. They share the allowance of coal, they cook at the same fire, and dine from the same table. The cubic space and ventilation are insufficient; and, as if to increase the stagnation of the air, numerous shirts fresh from the washtub were hung to dry upon lines across the room. There is no supply of water; no sink; no watercloset; no convenience of any kind. There is no such thing as privacy, for even in the dark and miserable bedrooms the children must be always present. It is impossible for the women to reach their latrines without descending the common staircase and passing by the stable-doors, where they necessarily come in contact with the troopers. The treatment of these poor women and children is a disgrace to the Government. They are worse off than they would be in a workhouse or a prison. The managers of the Zoological Gardens would be execrated if they kept their animals in such an unhappy state. The young become stunted for want of air and light; indeed no one would suppose these puny children to be the offspring of such stalwart parents.

Ascending to the second floor, we reached the ordinary barrack-rooms, which communicate with a corridor similar to that below. As there are windows in the partition as well as doors, a current of air can be conducted through, but imperfectly, because the windows do not reach the ceiling.

The troop-rooms are about 32 feet square and 10 feet high; they each contain from thirteen to seventeen beds, and average over 600 cubic feet per man. The ventilation is provided for by Galton's stoves, Sheringham's valves, and openings in the roof; but, for want of sufficient height, the effect is small, and at night when the windows are closed the atmosphere is reported foul. In these rooms the men keep their clothes and accoutrements, and dry them when they are wet. Here they take their meals, and lie down when they feel inclined. The traffic in and out is constant, and, in spite of interminable cleaning, there is an air of untidiness, dirt, and discomfort, all but impossible to realise, much less describe. In addition, there was, at the period of our visit, a stinking urine tub; but this was contrary to orders, and was instantly removed. This disgusting institution is evidently the receptacle of all kinds of filth. Too much cannot be said against it. We are no friends to urinals of any kind. They are generally offensive, even when constructed on the best principles and placed in the open air; but inside corridors and bedrooms they are never wholesome. In barracks they would certainly be out of order in a week, because they would be put immediately to improper use, and no one would know the culprit. There is but one mode of keeping a bedroom free from smell, and that is by an abundant supply of cleanly earthenware utensils. They are used in workhouses and prisons; and we can see no reason why soldiers should, in this respect, be treated worse than paupers. Every bed should be supplied with one, and the occupant made responsible for its care. A sanitary officer should see that they are emptied and scalded daily, and should have power to inflict a fine when they are used for an improper purpose or carelessly upset.

The quarters of the non-commissioned married officers are less crowded in this part than on the floor below. A large room was occupied by a troop corporal and his wife and five children. The space was ingeniously divided by curtains into a living room, two bed-rooms, and a back kitchen; but there was the same want of water and domestic conveniences, and a greater distance to go to the latrines. Immediately under the windows is an ashpit, which, however, appears to be cleansed frequently.

Outside the barrack square is the guard-room, which is low, badly ventilated, and gives only 350 cubic feet per head to the men on guard. Nearly opposite are the latrines of the non-commissioned officers, which were clean, efficient, and supplied with paper. Behind the guard-room are the baths, four in number, and much too short for six-feet troopers. The men may wash, indeed, but cannot immerse themselves. There is no hot water, as coals are not allowed either in summer or winter. Next to the bath-rooms, between the barracks and the street, are the troopers' latrines. They consist of Macfarlane's iron trough, with ten divisions. This is an insufficient number for the use of four hundred men, who have but a limited time at their own disposal. Many on this account are compelled to wait. The latrines for the women are partly at the eastern extremity of the ground, and consist of five disgusting privies, without any supply of water. There are others near the street, some of which are in a better state. It has been suggested that the common latrines for cavalry barracks should always be erected on the dry-earth system. There is an irresistible tendency amongst the men to use hay and straw instead of paper, by which closets and drains are perpetually stopped up, as they were at the period of our visit. We believe the suggestion most valuable, especially for Knightsbridge, where the drains are in a bad state from the incursions of the rats, and from the absence of proper traps.

The hospital is a most unfit structure, so closely surrounded by other buildings that ventilation is impossible. The sick wards are upstairs, and are very dismal places. There is ample space, but the windows are small, and so high that no one can look out. Extraordinary pains appear to have been taken to secure ventilation and pure air by complicated tubes over the gas burners, louvre openings near the ceilings, Sheringham valves and Galton's stoves, to the utter neglect of the simpler, but far more efficient, expedient of making a sufficient number of windows opening at the top. The furniture is poor, and insufficient for the comfort of the patients. The only bath for these six-feet troopers is 4 ft. 3in. in length, and proportionately wide. Water is obtained from the kitchen boiler and a tea-kettle, which both together will not yield two gallons of boiling water: comment is unnecessary. Here, also, the latrines and ashpit are too near the wards, and are in a bad state from the rats, which indeed have the run of the entire building.

There were eighteen cases in hospital. Most of the patients suffer from accidents, such as kicks, falls, &c.; but it appears that jaundice is extremely common, and that many of the younger soldiers suffer from congestion of the lungs, which

is thought to be induced by overwork and sleeping in the foul air of the barrack-rooms.

As in the Regent's-park Barrack, there are neither day nor recreation rooms. When work is done, there is nothing but the library, at which the attendance is about twenty-five readers per day, and these chiefly in the evening. The men are allowed leave freely, and music-halls and love-making are necessarily their chief resources for amusement—to the annoyance of the entire neighbourhood, and the deterioration of their health and morals.

The supply of water is derived from three sources: the Serpentine, a surface well, and the Chelsea Waterworks. It appears to be sufficient in quantity; but the stables and drains are not flushed as freely as they should be, and the men have to go to the pump or a tap to drink. We venture to suggest that a drinking fountain would be most serviceable.

In our judgment there ought to be a non-commissioned officer appointed to superintend sanitary operations, under the joint direction of the colonel, surgeon, and barrack-master. He should be supplied with carbolic acid and other disinfectants instead of the useless quick-lime which is now served out. He should see that the urinals and latrines are properly kept and the latter supplied with paper; that the stables and drains are disinfected as often as necessary; and he should be instructed to regulate the ventilation of the rooms at night by aid of proper instruments. One of the greatest difficulties in getting sanitary matters and repairs attended to is the necessity of forwarding requisitions to the War Office before anything is done. This would easily be remedied by permitting the commanding officer to employ his troopers when they can do the work. There are in every regiment blacksmiths, plumbers, carpenters, out-door labourers, &c. It would be a relief to them to be thus employed; and they would, in many instances, do all that is required—cheaply and with promptitude.

In conclusion, we are bound to endorse the opinion that this barrack cannot be materially improved. It should be re-erected. The site is excellent. The soil is gravelly, the facilities for drainage great, and some of the buildings might be permitted to remain. The aspect is good, and open to the park, which is convenient for exercise and military evolutions. If London is not to be denuded of its Household troops, the neighbourhood of the parks is the best situation for them; and there is no reason that the buildings should be made as unsightly as they are.

THE MEDICAL TEACHERS' ASSOCIATION.

A GENERAL Meeting of this Association was held on Monday evening at Soho-square. The first business on the agenda was the reception and consideration of the report of a committee appointed to inquire into the advisability of utilising the out-patient department of our hospitals for clinical teaching. The report, signed by Dr. Ogle, was as follows:—The Committee are of opinion "that the out-patient practice of our hospitals offers marked facilities for the instruction of pupils, and especially for teaching the use of physical means of diagnosis; that the most useful mode of teaching by means of the out-patient practice would be by selecting cases and groups of cases for comment and examination, and by encouraging students to take notes of cases, which should be revised by the teachers; that it is advisable that the assistant-physicians and surgeons who have charge of the out-patient practice should be provided with clinical clerks, and should have help in seeing the patients and in teaching from some qualified person, and that they should also encourage senior students to help the juniors as much as possible in examining the patients; that all students should be made regularly to attend the out-patient practice in their first year; that all students before being clerks or dressers to patients in the wards ought previously to have been clerks and dressers amongst the out-patients."

A good deal of discussion followed.

Mr. Holthouse differed from the report in believing that the student at first should only be required to attend the surgical out-patients, so as to learn minor surgery.

Dr. Sibson thought, on the other hand, that it was quite as necessary that a student should be made acquainted and familiarised with the coarser facts of medicine, especially those that are capable of demonstration, as soon as possible.

Mr. Charles Hawkins and Mr. Holmes both commented upon the question from one of the points of view which would be taken by the governors of our hospitals. The patients are sent to be attended as quickly as possible by the medical officers. To utilise the cases for clinical purposes it would be necessary to keep them waiting a long time at the hospital, and to have additional officers to get through the work under such circumstances—conditions which might be objected to strongly, the one on the score of wasting the time of patients, and the other on the ground that the patients were sent to obtain the best advice of the consulting officers, and not that of the senior students. Mr. Holmes further said that he should oppose any plan, such as the appointment of additional assistant physicians and surgeons, by which the present overcrowded ranks of committees in London would be still further reinforced.

Opinions differed also as to whether first-year's men should be compelled to enter the hospitals at all, being confined in their studies to such subjects as anatomy, physiology, chemistry, botany, and the like. It was finally agreed that the report should be referred to the sub-committee of the Council who were engaged in considering the subject of education in its widest sense, with the request that the whole report of the latter committee should be printed and circulated before the next general meeting, when the question of out-patient practice could be discussed in connexion with other and related topics.

Mr. De Morgan referred to the plan successfully carried out at some hospitals of fixing special hours for clinical instruction in out-patient practice, at which "selected" patients themselves gave their ready attendance. It should not be lost sight of that the class of out-patient cases are those which form the bulk of disease which practitioners are called upon to treat in general practice. This was a point unnoticed and to some extent lost sight of.

Mr. Barwell brought forward a motion to the effect "that it was desirable that the Medical Teachers' Association should take into consideration the supply of anatomical subjects to the schools;" and this was seconded by Mr. Partridge. Some interesting information relative to the difficulty and present mode of obtaining "subjects" was given; and eventually a committee, consisting of Messrs. Barwell, Holmes, Partridge, C. Heath, and Norton, was appointed to investigate the matter, and suggest some mode in which the supply of subjects for purposes not only of dissection but experiment and operative surgery might be increased. There was a general feeling at the meeting in favour of a fixed dissection-fee in place of the present scale of payment; and a request was directed to be sent to the Council of the Association, asking it to draw the attention of the Medical Council to the advisability of enabling metropolitan students to register at one office, in accordance with a resolution of the Association passed some little time since.

MUNIFICENT DONATIONS. — The following legacies were left, free of duty, by the late Mr. Felix Slade, of Walcot-place, Lambeth:—North London Hospital, £500; ditto Building Fund £500; Leeds Infirmary, £300; Truss Society, £200; Royal Free Hospital, Infirmary for Children (York-road), South London Dispensary, Surrey Dispensary, Royal Medical Benevolent College, Hospital for Skin Diseases, Charing-cross Hospital, Lying-in Hospital (York-road), Metropolitan Convalescent Institution, Margate Sea-bathing Infirmary, *Dreadnought* Hospital-Ship, London Hospital (Mile-end), Medical Benevolent Fund, Royal Hospital for Incurables, St. Mark's Hospital, National Sanatorium (Bournemouth), each £100; St. Thomas's Hospital, £52 10s.; King's College Hospital, Eastbourne Convalescent Hospital, Children's Hospital (Great Ormond-street), Cripples' Home, St. Andrew's Convalescent Hospital, Seaford Convalescent Hospital, each £50; St. Pancras Dispensary, £25; Medical Benevolent College Scholarship, £50.

THERE will be no special promotions in the Army Medical Department arising out of the Abyssinian campaign. Ten surgeons and fourteen assistant-surgeons will revert to the general roster, and their absorption may be taken as to some extent accounting for the present slackness of promotion, but the general seniority of the list will not be interfered with.—*United Service Gazette.*

THE LANCET.

LONDON: SATURDAY, JUNE 20, 1868.

As the day of election into the Council of the College of Surgeons approaches, the interest which that event excites by no means diminishes. We had fancied that all connected with the College must by this time have become convinced of the necessity for eliminating from the Council, as opportunity occurred, gentlemen who have already held office for many years, have filled the Presidential chair, and are safely landed in the wished-for honour of a snug examinership. We regret the more, therefore, to find that the reactionary party (which, *sub rosâ*, numbers more than one so-called liberal) is exerting itself to secure the re-election of Mr. PARTRIDGE, on the ground of the ability he displayed as President of the College last year. We have always been glad to make public all those improvements with which Mr. PARTRIDGE's name may be justly connected; but we cannot understand the object of perpetuating his position in the Council, since he can hardly, under the present *régime*, aspire a second time to presidential honours. The same influences which were unsuccessfully at work last year to bring about Messrs. SKEY and WORMALD's re-election are again busy, and we trust will be crowned with the same result they experienced on that occasion.

The claims of Sir WILLIAM FERGUSSON to re-election for the first time, and of Messrs. SIMON, HOLDEN, and GAY to election, we have already fully discussed. Professor HUMPHRY's position is a peculiar one, since his late candidature is believed to have resulted from pressure brought to bear upon him by some who fear that things are becoming too revolutionary, and dread the entry within the Council-chamber of men who have distinctly pledged themselves in the pages of THE LANCET to carry out those great reforms which the body of Fellows so urgently desires. Professor HUMPHRY has not followed the example of making a public statement of his opinions, but we trust that he will, previous to the day of election, place his views before the Fellows.

At the last Council meeting of the College, as we foretold, the Examiners in Medicine were nominated, but will not be elected until July. Professors HUXLEY and LE GROS CLARK are to continue to hold their respective offices for another year; but an additional lecturer will shortly be appointed to deliver a course of three lectures upon some subject of interest, and it is not improbable that some one of our rising ophthalmic surgeons will be selected to illustrate a subject hitherto totally neglected by College professors. A special meeting of the Council will be summoned on the 25th inst. to fill the examinership left vacant by Mr. LUKE's retirement; and as it is hopeless to expect that the election will travel beyond the charmed circle of self-interested electors, we need only say that the three members of the Council next in seniority are Messrs. LANE, BUSK, and HANCOCK. At the same time the Examinership in Dental Surgery, also vacated by Mr. LUKE, will be allotted to some member of the Court of Examiners—probably, according to precedent, to Mr. PARTRIDGE, and may not inaptly be regarded, therefore, as "*consolation* stakes."

NOTWITHSTANDING the numerous and careful investigations that have of late years been directed to the elucidation of the functions of the Pancreas, the recent researches of KÜHNE, FUDAKOWSKI, and of our own countryman Dr. M. FOSTER, show that much still remains to be learned. It is now very generally admitted that the pancreatic juice acts upon the three important alimentary groups included under the heads of the Albuminous, the Oleaginous, and the Farinaceous. It converts all the albuminous or proteic compounds into a substance which is not coagulated at the boiling temperature, and possesses a high degree of diffusibility, termed peptone; it emulsifies fat more perfectly than any other secretion in the body; and, lastly, it exerts an amylolytic power, as Dr. FOSTER terms it, over starch, rapidly converting it into grape sugar or glucose. What is it that enables this clear, viscid, transparent fluid to effect such wonderful changes? Is the active agent single, or is it multiple? And what is the nature of the action in each instance? Is it analogous to the agency of a ferment—a catalytic action,—so that a minute portion of the juice will alter an indefinite quantity of the substance acted on; or is it a simple case of chemical combination?

Some progress has been made in replying to these questions. In the first place, we may refer to KÜHNE's observations. It is generally stated in the text-books that leucin and tyrosin, substances that are well known to result from the decomposition of albuminous compounds, are constituents of the pancreatic tissue, and are eliminated in the secretion. KÜHNE shows that they probably result from the action of the juice on peptone which has already been formed from albumen or other proteic compound. This is a matter of considerable interest; for it shows that already, while the food is still in the intestinal canal, a portion of it undergoes decomposition—a true luxus-consumption—into substances that are ordinarily regarded as belonging to the products of regressive metamorphosis. And it is also remarkable that the active agent of the pancreatic juice can effect, at a temperature of 100° F., the same changes in albumen as may be accomplished without the body by the addition of an acid and the application of a boiling temperature. It is probable that the substance termed Pancreatine is that to which this power is to be attributed. We may just add the results of one experiment: 100 parts of dry fibrin yielded 61 parts of peptone, 3·86 of tyrosin, 9·1 of leucin, and 26 parts of unknown substances, amongst which were anilin-like bodies, giving a red or violet colour with chlorine, water, or chloride of calcium.

Dr. FOSTER's researches have been chiefly directed to the determination of the nature of the substance by which starch is converted into sugar. This amylolytic power, though commonly stated to be possessed by all albuminoid compounds at a certain stage of decomposition, is in reality limited to certain fluids; and these manifest it as well when fresh as during any subsequent stage of decomposition. Thus human blister-fluid, the vitellin of the fowl's egg, and the serum of sheep's blood are powerless upon starch when fresh, and equally powerless in all stages of decomposition. But, from Dr. FOSTER's investigations, it seems doubtful whether this remarkable power is really associated with any of the ordinary forms of albumen; it is certainly not with pancreatine, since, as he has shown, if

pancreatic juice or infusion of pancreas be saturated with sulphate of magnesium and filtered, the whole of the so-called pancreatine is retained on the filter, and yet the fluid which has passed through the filter will be found to have lost a fraction only of its amylolytic power. In the same manner it may be shown, in the case of saliva, that the converting power depends neither on the mucus nor on the globulin, since it retains its energy when freed from both of these substances. The ferment, therefore, seems to be something quite separate and distinct from the albuminous compounds. And this view is materially corroborated by the facts that the amylolytic power is by no means commensurate with the quantity of proteids present, and that the presence of neutral salts, even to saturation of the solution, has no appreciable effect. It is remarkable, however, that it should always occur in fluids containing proteic or albuminous compounds, and that it should lose its powers at about the same temperature as effects the coagulation of the various albuminous compounds. It has been proved by Dr. FOSTER that in the case of saliva, and therefore we may with all probability assume in the case of the pancreatic juice, the ferment is *not* consumed during its action on starch; which is fully borne out by the well-known fact that a definite quantity of amylolytic fluid will sooner or later convert any quantity of starch into sugar. Dr. FOSTER has made a few additional investigations on the distribution of the amylolytic ferment, and has found it to exist in the tissue of the liver, in the pleural and peritoneal fluids, and in the blood and urine. He conceives that the disease *diabetes* is due, not to any excess, but rather to some modified action of ferment; since the amount of ferment passed in the urine per diem in six cases in which he examined it in no way exceeded that passed by persons in health, and, further, the blood was not found to be more amylolytic than in health. These experiments we hold to be in the right direction for affording an explanation of this singular disease, and we trust Dr. FOSTER will be induced to continue them.

THERE is probably no more difficult subject to deal with satisfactorily than that of marriage in the Army. The conclusion at which different persons arrive depends very much upon the aspect from which it is regarded.

There are the moral, medical, and financial points of view. As far as the first is concerned, we presume there can be little doubt that early marriage imposes a decided barrier to habits of immorality, and that, on the other hand, the celibate lives which a large proportion of our soldiers have to lead, entail much that is evil, morally and physically.

The moralist will urge that, however much the nation may be justified in enlisting men for long periods of service, it has no right to bar the road against marriage, since such a restriction opens the door to profligacy and disease. And there is much to be said from the medical and physiological point of view on the same side; still, there is likewise a great deal to be urged on the other. A soldier, when he marries, too often exposes his wife and children to penury, disease, and grave discomfort. The mortality arising from diseases of nutrition and development among the women and children is large; and we all know that in tropical climates—and our Indian possessions absorb a very large portion of our army—the amount of disease and mortality among them is very lamentable. When a regiment embarks for active service, women and children have to be left behind. To go no farther than the occasion of the late campaign in Abyssinia, the women and children of the English regiments proceeding from Bombay had to be left behind, and, we have been told, with grievous results as regards the unfortunate women and children.

The financier and the taxpayer would scarcely consent to supply the necessary funds for lodging all the married soldiers' families properly, and for providing for their transport to different stations. As it is, with the very limited number of married people in a regiment, these matters are not attended to in the way they should be; but if a large proportion of the men composing a corps were married, the expenses would be enormous.

Among many other reasons, we perceive in this matter of marriage a very strong one in favour of short periods of military service. If our colonies protected themselves, and if our Indian army were again a separate and distinct establishment, we can see no reason why soldiers should have to be actually present and serving in the army beyond five or six years, at the end of which time they could be placed on a reserved list, and retained by some small sum, so as to render them liable to be called upon when required.

By this means we should have a large number of young men passing through the service, which would have the effect of popularising it, and of affording at the same time a strong military reserve on which the nation might fall back; and, secondly, the men would be enabled to marry after they leave the army at the same ages people do in civil life; and in order to fit them for their duties as citizens, soldiers should have an opportunity of learning some trade in the army by being employed, as far as practicable, in supplying its wants, repairing the barracks, &c.

We have been led to these remarks by the perusal of a little pamphlet on Army Marriages, published at Belfast, which contains a good deal of information, statistical and otherwise, connected with our own and various continental armies.

WE earnestly desire to call the attention of Poor-law medical officers throughout the whole kingdom to the forthcoming meeting which is to be held at the Freemasons' Tavern on Wednesday next, the 24th inst., at 2 P.M., under the presidency of W. J. CLEMENT, Esq., M.P. for Shrewsbury, and a well-known member of the medical profession. This is an occasion of no common importance to the interests of medical officers of unions. It is clear that the time has come when parish doctors ought to assert themselves, and, by a combined movement, secure from Parliament and the Poor-law Board pledges for a very different kind of treatment in the future from that which has been their lot in the past. The moment is opportune, inasmuch as a very strong feeling of sympathy with the grievances of medical officers exists in both houses of Parliament; and there are signs that it will be difficult for Lord DEVON, and the subordinates who mislead him, much longer to quiet the impatience of Parliament with the old commonplaces and the old sophistries. We would point to the recent *unanimous* rejection, by the Select Committee of the Lords, of the President's proposition for a useless and impracticable plan of appointing temporary district medical visitors, to bring any specially refractory boards of guardians

to book, instead of creating additional permanent medical inspectors, as a remarkable instance of this new temper in our legislators. It is evident that the Lords' Committee had seen through the hollow semblance of reform which this proposal wore, and had come to the conclusion that it was really intended to allow the present incompetent lay inspectors to go on doing as little to earn their salaries as before; while, by a clever trick, embodied in the Poor-law Board's recent order to medical officers of workhouses to make quarterly reports on the condition of their workhouses, it was hoped to provide a check, at the expense of the latter overburdened and underpaid officials, upon the incompetence of those "inspectors" whom the nation is paying at a heavy rate to do this very work of inspection and reporting.

There can be no doubt that this attempt of the Poor-law Board to inflict a new injustice upon the medical officers has recoiled upon its authors. That the very moment of proposed reforms in behalf of the sick poor should have been chosen, not to relieve, but to oppress, the best friends the poor have ever had, has roused a natural indignation in the public mind. We entreat the union surgeons everywhere to respond to the call of Dr. ROGERS, and to show in imposing force at the Freemasons' Tavern; and we would urge upon them the desirability of bringing with them all the Peers and Members of Parliament whom they can influence. We anticipate that this meeting will be very different in its tone from some which have been held by parish surgeons in years past. Plain truths will be spoken, and some curious facts that are little known will probably come out; and it is highly desirable that influential laymen should hear them. The London Poor-law medical officers, by their comparatively small Association, have certainly already exercised a very appreciable influence on the feeling of Parliament and the public; and much greater things may be expected to be accomplished by a large and imposing reunion of parish surgeons from all parts of the kingdom. We sincerely trust that the meeting will be very large, and that it will be animated by a hearty and united determination no longer to submit to the monstrous injustice which has hitherto inflicted upon union medical officers the heaviest amount of work and responsibility, for the smallest pay, proportionally, that ever fell to any class of the community. An appeal has been made to the medical students again to lend their aid in the cause of Poor-law reform. They behaved most creditably on former occasions, and we hope they will respond by a strong muster at the Freemasons' Tavern on Wednesday next.

Medical Annotations.

"Ne quid nimis."

THE MEDICAL COUNCIL.

WE have already expressed our opinion that the Council, at its approaching meeting, will have to deal with several subjects of great urgency and yet of great difficulty. We are only confirmed in that opinion as the time gets nearer.

The mode and order of strictly medical education, and the proper arrangement of examinations; the evidence which it is the practice of the licensing boards to accept touching the sufficiency of the preliminary education of candidates; the propriety of petitioning Parliament on the subject of secondary education in schools; diplomas in State Medicine; and such an alteration in the constitution of the Council as is implied in the introduction of members chosen directly by the votes of registered practitioners;—these are a few of the questions that are to engage the attention of the Council as soon as it sits. It is extremely desirable for the greater efficiency and popularity of the Council that it should act liberally in regard to the proposal to assent to a representation of the profession as distinct from its medical corporations and its medical schools. If the Council will show a willingness to receive men unconnected with either the schools or the corporations of the profession, men representing general practice, with all its urgent duties and hard conditions, to which nine-tenths of the legislation of the Council has reference,—we say if the Council will show willingness to receive such men into its body, it will do much to excite the gratitude and respect of the profession.

THE LATE ABYSSINIAN CAMPAIGN.

WE have received intelligence from a correspondent with the Abyssinian field force, which will, we think, be interesting notwithstanding the successful termination may be said to have made the campaign a thing of the past. We regret to hear that the attempts to save Captain Roberts's arm proved unsuccessful, and that it had to be amputated. It would appear that the wound—gunshot of the left elbow-joint—progressed very favourably for nearly a month after its reception; but then, owing probably to the absence of local rest whilst this officer was being transported over the precipitous highlands on dhoolies, an unhealthy action ensued, necessitating amputation. We are glad to be assured, however, that he is now progressing most favourably, as were all the other wounded men. During March, out of a strength of upwards of 2600 men composing the British force, the average daily sick was said to have been under thirty, and the deaths five; one on board a hospital ship from renal disease; three at the depôt hospital, Addigerat, from dysentery; and one at Antalo from the same cause. In April, out of a total strength of upwards of 3000, there was an average daily sick of eighty-four, and four deaths, one from insolatio at Zoolla, and the others from climatic diseases. The cooking was done by Indian cooks, in camp kettles; and beyond Lat, which is eighty or ninety miles from Magdala, the men were allowed 50 lbs. weight of cooking utensils to every fifty men, and one mule to every twelve officers for the carriage of cooking apparatus. The baggage was reduced to a minimum at this part of the line of march, it will be remembered, and fifteen to twenty men occupied a single tent, twelve officers sharing the same allowance. Between the fight on the 10th, and the subsequent capture, some of the soldiers were very much exposed for a night or so, owing to the absence or insufficient supply of tents.

The water proved one of the chief sources of difficulty. At Zoolla the supply was entirely obtained from condensers; on the line of march from any neighbouring small streamlets, and by the aid of Norton's tubular wells; at Magdala the water was bad in quality, and very inadequate in quantity. We are assured that the population of Abyssinia proper, despite its normal state of filth and poverty, is very healthy. In the four hundred miles which our troops traversed they were unable to discover any special prevalence of disease among the natives.

Medical in common with all other officers are anxiously awaiting the publication of Sir Robert Napier's second despatch.

AMERICAN MEDICAL ASSOCIATION.

THE nineteenth annual meeting of this Association commenced on the 5th of May, and lasted four days. The Association met at Washington, and received marked courtesies from the President, from Chief Justice Chase, from General Grant,

and other distinguished public men. On the 5th of May the members visited the Executive mansion, and were received by the President, Secretary Seward, and others. Whether we look at the tone of the feeling of the members, or the subjects discussed, or the character of the discussion, we must regard the Association as worthily upholding the honour and interests of the profession in the United States.

The question of female physicians gave rise to a very animated discussion, terminated by the indefinite postponement of the subject. The great champion of the rights of ladies was Dr. Henry I. Bowditch. A noticeable feature is the scientific prosecution of subjects by committees, which report annually, and are often reappointed: such as a Committee on Clinical Thermometry in Diphtheria; on Operations for Harelip; on the Ligation of Arteries; on Medical Education; on Medical Literature, &c. There is a Committee of Medical Ethics, to which charges against members are referred. The important subject of medical education is still *sub judice*, the Association having, by motion, referred the whole matter to the faculties of the regular Medical Colleges of the nation, pledging itself to adopt and enforce any system or plan that may be agreed upon by two-thirds of all recognised Medical Colleges. The case of Dr. Homberger illustrates the feeling of the American Association as to specialists who advertise in the public prints. The question was, whether he should be expelled, or allowed to resign. By a decided vote he was ordered to be expelled. A committee is appointed to report next year on an annual Register of the regular Profession in the United States, and, meantime, to take necessary measures to carry the plan into effect. Another committee is appointed to report on the best means of providing a fund for the relief of widows and orphans. The following resolution is of special interest just now: "That a committee of three be appointed by the chair to take into consideration the subject of the appointment of a commissioner in each judicial district, whose duty it shall be to aid in the examination of witnesses in every trial involving medico-legal testimony, and to report at the next meeting of the Association." Another motion expressing the feeling of the Association in favour of well-trained nurses only in hospitals, and of institutions for their training, was referred to a committee. The President elect is Dr. Baldwin, of Alabama, who, adverting to the late unfortunate dissensions, trusted that henceforth harmony and goodwill would prevail. The retiring President at this stage corrected an impression that during the war the Medical Association had passed a resolution recommending that medicines and surgical instruments should be made contraband of war. No such resolution had even been introduced. The Section on Physiology made very flattering mention of a contribution by Dr. Joseph Jones, on Albinism in the Negro Race. A letter of sympathy to Professor Ehrenberg of Berlin, who is blind, was authorised. In the Section on Surgery a case was related strikingly illustrating the apparently good effects of arsenic in epithelioma. Dr. Elsberg, of New York, read a paper on the Treatment of Syphilis by Hypodermic Injections. The paper is to be published, but the discussion was not convincing as to the superiority of this mode of administering mercury. Relapse seems common after it. In the Section on Materia Medica a resolution was passed urging on Congress the cultivation of the chinchona tree in the United States, in consequence of the steady and rapid decrease of the supply from South America.

THE POOR-LAW INQUIRY AT YEOVIL.

THE Poor-law inquiry held last week at Yeovil into the circumstances attending the death of a pauper named Hayward bears an uninteresting resemblance to the old pattern according to which these matters always used to be conducted before the days of LANCET Commissions and Workhouse Associations. To any ordinary mind it would have occurred that the board-room in which a Poor-law inspector was sitting in judgment on the conduct of guardians who had been subject to a serious charge, was scarcely the place for the said inspector to indulge in irrelevant testimonials to their general good conduct and unctuous assurances of his anxiety to "meet their wishes" in every possible way.

Stripped, however, of the irrelevant matter which was imported into the proceedings, the case remains substantially unaltered, and the death of Hayward, which we called a "workhouse tragedy," remains a tragedy still. That the deceased came to his death in consequence of being knocked or pushed down by Snow is abundantly clear; and it does not matter in the least what degree of violence was exercised in that act, the point being that it was done by a lunatic who ought not to have been in the ward, and who was so unmistakably mad that by the master's own confession he was immediately afterwards found refusing food on the ground that he had "three fellows" inside his belly who would quarrel and fight over anything which he ate. Of course the great feature in the defence was an attempt to make the medical officer eat his words as to the very plain statement which he made at the inquest, to the effect that he had reported Snow to be a lunatic who ought not to be kept in the workhouse, but that no notice was taken of his application by the guardians. The net result appears to be this: Snow had come back three years ago from the county asylum apparently cured after twelve years' previous insanity. About eighteen months later, however, he showed signs of excitement, and it was reported by the medical officer that his state "required caution." He seems to have continued in the same condition—i.e., excitable by trifling circumstances—during the whole time up to the affair with Hayward, and it appears that the medical officer had *verbally*, though not in writing, repeatedly spoken of him as a dangerous lunatic. A great deal was made of the fact that by some chance Snow's name got included in a quarterly list of "harmless" lunatics made out shortly before the accident; but it is evident that the guardians were aware of the fact that the man was an excitable lunatic. It is plain that it was *not* ignorance of this fact which prevented the guardians from ordering his removal to the asylum, for the very defence which they set up for themselves elicited the damning fact that after the unfortunate accident had actually occurred, and the doctor had in the most formal way related the circumstance, and declared Snow to be a dangerous lunatic, the board *still* neglected to remove him, and it was not till after repeated applications, and several weeks of delay, that his feeble ward-mates were relieved of his dangerous presence. As for the argument that he was too old and weak to do much harm, that is obviously of no weight, even it were true (which it is not), since the feeblest imbeciles, when excited, are notoriously quite able to cut an unwary person's throat, or otherwise fatally injure him; and such things have often happened. Moreover, the guardians were aware that Snow was suffering severely in health from being detained. And besides this, distinct evidence was given at the inquest that, in another case besides that of Snow, the board had treated with absolute neglect the doctor's report that a patient's removal to an asylum was necessary.

We are not in the least concerned, however, to defend either the strict formality of Dr. Aldridge's proceedings or the clearness of his evidence; that is not at all the question. The serious facts elicited by the inquiries held by the coroner and by Mr. Gulson are these:—That the Yeovil board of guardians knew (at least if they paid the slightest attention to the condition of the house) that an excitable and "powerful" imbecile (*vide* the master's evidence at the inquest) was living among a set of feeble old men; that even after the violence of this imbecile had caused a bad accident they paid no attention to the medical report of the fact; and finally, that this neglect of medical reports was no isolated instance. We consider the verdict of the jury and the comments of the coroner to have been fully justified in every respect.

THE SICK-CLUB QUESTION.

THE medical practitioners in the neighbourhood of Wednesbury at a recent meeting unanimously agreed not to accept any new club appointment, originating from the present date, at a less rate than 5*s.* per head per annum; to issue notices not later than May 31st, 1868, to all Sick Societies to which they are now appointed, for a fee of 4*s.* per head per annum from July 1st, 1868; not to accept any appointment, at any price, where the surgeon has been dismissed on the question of remuneration; and to accept no appointment for six months after July 1st, 1868, on any other grounds. The various Friendly Societies have decided to resist these demands.

PROTOXIDE OF NITROGEN.

A NUMBER of medical men assembled at the house of Mr. C. J. Fox on the 9th instant, to hear an account from Dr. Colton, of New York, of his experience in the use of nitrous oxide gas as an anæsthetic, as well as to witness a few dental operations with the gas. We find that Dr. Colton, who must be considered as having had by far the largest experience of this agent, does not speak very strongly of its utility in general surgery, but lays stress upon its convenience and safety in rapid operations, such as tooth-drawing. We have already on more than one occasion expressed a similar opinion, from observations of its effects when administered in more than one of the metropolitan hospitals.

ACCIDENTS IN MINES.

AN interesting discussion on the prevention of accidents in mines took place in the House of Commons on Friday evening. The member for Merthyr Tydvil, while dwelling on the means of securing the miner's safety, deprecated the addition of sub-inspectors to the existing staff. We are ready to admit that such an enlargement of the inspecting system is not required, but on a very different ground from that taken by Mr. Bruce. If the inspectors were drawn from the ranks of duly qualified physicians or surgeons, their inspection would be so much more searching and scientific, and their recommendations would command so much more respect from coal-owners and stipendiary magistrates, that a very considerable saving indeed would be effected in the outlay expended by the country for the present unsatisfactory system. Mr. Bruce made one suggestion which merits the Home Secretary's consideration when he resumes the subject next session. He recommended that the larger mines, which are apt to be traversed by an explosion from one end to the other, should be divided into compartments, so as to limit the extension of the casualty. Another suggestion is also worthy of Mr. Hardy's notice,—the better education of the miners themselves. The rude way in which these ignorant pitmen treat their Davy lamps, for instance, would disappear with a more intelligent appreciation of the working and value of that utensil. With improved education improved morality would come; and drunkenness, the notorious cause of nine-tenths of the crimes and accidents in the Black Country, would yield to the superior attractions of the reading-club over those of the ale-house. For this purpose the hours spent by boys and girls in the mines should be shortened, or their entering on their work should be postponed to an age when their education might be better. But whatever reforms be proposed for our mining population they will never be satisfactory till they are made at the instance or with the sanction of medical men.

INDIAN HILL STATIONS.

THE *Army and Navy Gazette* contains a letter from Deputy-Inspector General Dr. C. A. Gordon, C.B., to which we may direct attention. Dr. Gordon speaks with the authority which belongs to experience, and an intimate knowledge of the Indian climate and its effects on the soldier and his family. Military medical men have for years been urging the necessity of locating European troops away from the plains, and they have been collecting data of various kinds as to the nature of the ailments likely to be benefited by residence on the hills, and, what is more important, as to the best method for making these stations useful to our troops in the way of prevention of disease. Dr. Gordon states that he had himself arranged in a consecutive series the statistics and reports of the Imperial forces in Bengal from 1823 downwards, and he only reiterates the opinion of all best acquainted with the subject in contending for the inexpediency and futility of sending regiments to the hills of India after they have been exposed to epidemic or endemic causes of disease in the plains. It is objected, by those who have authority to speak on the matter, that the statistics referred to by Dr. Gordon do not relate to *large* bodies of men resident on the hills for *long* periods—conditions necessary to the trustworthy determination of the comparative salubrity of hill stations. It is highly desirable that Dr. Gordon's statistics should be carefully analysed.

The opinions entertained by Dr. Beatson on this subject are well known. He would have a very large proportion of our troops constantly on the hills, and with that view considers that all future barracks should be erected in those situations. This is probably the only, as it is certainly the most obvious, way of keeping them effective.

ST. GEORGE'S HOSPITAL.

THE question of the annual dinners of public charities is occupying the attention of the public press at the present moment. That the annual festival is not *essential* to the prosperity of an hospital appears certain; for it is stated that (with the exception of one which took place five-and-thirty years ago, when the new hospital was built), St. George's Hospital has not had recourse to this device for raising funds in the memory of man, and nevertheless it has managed to collect an income of considerable amount. The last donation to the fund being raised for the new buildings was £1000 by the Marquis of Westminster, in addition to a grant of the land on which the buildings now in progress stand.

ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES.

WE hail the establishment of this asylum as another proof of the more scientific therapeutics to which the insane are now subjected. Till within the last few years the idiot or the imbecile child was invariably accommodated, not only in the same building, but in the same ward, with the victims to dementia, melancholia, or chronic mania. The effects of this indiscriminate classification and treatment were most pernicious. The young idiot or imbecile, at the impressible and plastic period of his life, suffered from daily and nightly contact with those confirmed or aggravated cases of lunacy, and the only opportunity available for his rescue was then allowed to slip, until *his* case also became aggravated or confirmed. The repeated remonstrances of the Commissioners in Lunacy, not only of England, but of Scotland and Ireland, have, however, been rewarded by the institution of such asylums as that at Earlswood in Surrey, or of Larbert in Stirlingshire, where the idiot or imbecile is admitted and treated, to the exclusion of every other case of cerebral disease. The benefits of this system have been signally satisfactory; and in various quarters of the United Kingdom we hear of movements set on foot for the extension of similar advantages to their imbecile youth. On Wednesday last an asylum, designed for the reception of the idiot and imbecile population of the seven northern counties of Yorkshire, Lancashire, Cheshire, Cumberland, Westmoreland, Durham, and Northumberland, was founded at Lancaster.

The institution is under the immediate patronage of Her Majesty the Queen, who is well known to take the deepest interest in all such undertakings. It is appropriately named after her deceased husband, ever foremost in all good works. It owes its origin to the munificence of a gentleman who contributed the sum of £2000 for its erection. The building will be made to admit 500 patients, though a further extension of its accommodation is contemplated. Nothing could have been more brilliant and imposing than the ceremony on Wednesday last. The honour of laying the foundation-stone was confided to the Earl of Zetland, K.T., Most Worshipful Grand Master of the Freemasons of England; and the mallet with which he performed the duty was the same as that presented by Sir Christopher Wren to King Charles the Second for laying the foundation-stone of St. Paul's Cathedral in 1673. Several purses were contributed by some of the ladies among the assemblage, and annual subscriptions were freely promised by gentlemen who assisted at the ceremony. An elegant banquet, followed by a promenade concert in the evening, completed the festive inauguration of an institution which, we hope, will be imitated on an equally munificent and satisfactory scale in every quarter of the British Islands.

THE SPECIAL HOSPITAL NUISANCE.

WE take some little credit to ourselves for having helped on the more general enlightenment of the public as to the enormous evils, social and other, of the special institutions which have cropped up within a recent time so numerously in different parts of London. Our efforts are beginning to bear fruit, in the increasing difficulty which is found in raising funds. If we may judge from the various advertisements which have appeared of late, not a few of the special hospitals are "in difficulties." St. John's Hospital for Diseases of the Skin, in Leicester-square, seems to be amongst the number. It nearly collapsed a while ago, but was patched up and has struggled on till the present time. Anyone who passes through Leicester-square may, however, notice that the windows are posted with the information that the upper part of the house is to be let. Various secessions on the part of its medical staff have recently taken place; and not many days ago, we are informed, its committee resigned *en masse*. The necessity for skin hospitals and dispensaries is absolutely *nil* now that the general hospitals are making ample and particular provision for the reception of cutaneous cases, as at University College, Guy's, St. Thomas's, Charing-cross, St. Bartholomew's, St. Mary's, and the London Hospitals. We think it quite time, too, that the Blackfriars Hospital should cease to exist. We trust that the public purse will be sedulously closed against special hospitals.

JAMAICA.

THE Colonial Secretary has issued a circular to the custodes of the several parishes asking them to obtain from medical practitioners particulars relative to the recent outbreak of yellow fever, for the information of a Commission appointed to investigate and report upon the matter.

Small-pox appears to be very prevalent in the island, especially in the neighbourhood of Montego Bay. Medical men are said to be much wanted in many of the country districts; but as it is a matter of hard work and little pay, and that of the most uncertain kind, it is not likely that the demand will be satisfied. The "extraordinary" value, too, officially set upon the services of medical men in regard to vaccination is manifest from a document sent to municipal boards very recently by the authorities. The Governor desires his secretary to state that the Vaccination Act, 28 Vict. chap. 41, having apparently fallen into disuse in certain parishes, his Excellency wishes it to be pointed out to boards, when fixing the remuneration of the vaccinators, that although one shilling for each case is the maximum rate fixed by law, that sum is not fixed as the minimum rate. Where the vaccinator has to travel to a distance to vaccinate only a small number of cases, one shilling may be a fair remuneration; but his Excellency thinks that in other circumstances, and always where the vaccinator is not required to leave his residence, one shilling per case would be excessive. This is suicidal economy. It is rumoured that a Bill is shortly to be introduced into the Island Legislature offering inducements to medical men to settle in the country districts, but as yet its provisions are unknown.

HANTS COUNTY HOSPITAL.

WE have much pleasure in being authorised to announce that, by her Majesty's most gracious command, the new hospital to be opened at Winchester in July will be styled the *Royal* Hants County Hospital. We cannot but think that this condescension of her Majesty, together with the munificent subscription of £100 a year, will greatly contribute to ensure the success of an institution in which the people of Hampshire are so deeply interested.

ENTHETIC DISEASES IN OUR CAMPS.

WE directed attention some time ago to the amount of venereal disease among the soldiers of the depôt battalion at Colchester, and, from all we hear, there does not appear to be any sign of amendment; nor is it probable that any will ensue until a Contagious Diseases Hospital is established and in active operation.

Our readers may remember that the Committee on Venereal Diseases, in their report, very properly pointed out the importance of instituting some well-devised ablutionary measures for the soldiers. The Government has, we believe, determined to act on this suggestion, and provide places for ablution in connexion with a few barracks in some of the larger garrison towns. This appears to us to be a very desirable and commonsense measure, and the sooner it is acted upon the better.

INDIGENT BLIND VISITING SOCIETY.

THE annual meeting of this Society was held on Monday last, Lord Ebury in the chair, and was very numerously attended. It appears from the report that during the past year 265 blind persons were visited and relieved, being an increase of 25 over the preceding year. Funds are, however, urgently needed by this useful Society, for there are 3000 blind persons in London, and out of these very many who stand in need of assistance. The office of the Society is at 27, Red Lion-square.

THE MAURITIUS.

IT would appear from a paragraph in the *Army and Navy Gazette*, that European soldiers had continued to occupy the barracks in that very pestiferous locality, Port Louis. It is said that remonstrances had been made by the colonel and medical officers of the 32nd Regiment, but with only partial success. We confess our inability to understand this, seeing that almost every European living in Port Louis has suffered from one or more attacks of fever, and the barrack accommodation is said to be insufficient. The troops were scattered about the station in tents at the time of the late hurricane, and they suffered extreme discomfort in consequence.

What with the risk of death from disease, alternating with that arising from the perils of whirlwinds, capped by small pay and expensive living, we should imagine the Mauritius to be anything but a pleasant station for an English regiment.

WE understand that, pending the final decision of the Secretary at War, the late lady-superintendent at Netley Hospital has been removed to Woolwich.

A DEPUTATION from Trinity College, Dublin, consisting of the Rev. Dr. Carson and Dr. Hart, has arrived in London, to oppose Mr. Fawcett's motion in the House of Commons, on Friday, the 19th instant. The object of Mr. Fawcett is to alter the Protestant character of Trinity College, by opening its Fellowships to all candidates, irrespective of religion. By the present constitution of Trinity College, all the Fellows except five are required to take holy orders in the Church of England.

The Rev. Dr. Haughton is also in London, as a member of the Commission appointed to consider the best mode of establishing a Department of Science and Art in Dublin. The institutions involved in the commissioners' inquiry are the Royal Dublin Society, the Royal Irish Academy, the Royal Zoological Society, the Royal Hibernian Academy, the Irish National Gallery, the Royal College of Science. It is understood that the Commission, having taken evidence in London, will afterwards proceed to Dublin to visit the several institutions concerned, and take evidence if necessary.

A COMMITTEE has been appointed by the Council of the Clinical Society to investigate, by the collection of clinical facts, the value of acupressure and torsion as means of arresting surgical hæmorrhage. The committee find, however, that it is impossible to prosecute this inquiry without the hearty co-operation of the metropolitan surgeons, and will therefore feel obliged to any gentleman who will kindly give notice to the honorary secretary of any operation in which either of these methods is to be adopted, in order that one or more of the committee may be enabled to attend.

MR. T. C. FOX has been elected to the open scholarship at St. Peter's College, Cambridge University. The examination, conducted by the Master and Mr. Goodman, a member of the College, was of a practical nature as well as by written papers. Mr. Fox, a son of Dr. Fox of Broughton, is, we believe, a student at University College, London, and did credit to the teaching there.

THE Gateshead Board of Guardians has received a communication from Mr. Hedley, the Poor-law Inspector, stating that the result of his inspection of the Gateshead Workhouse on the 28th May showed that the house was inadequate for the requirements of the Union. Classification was not duly observed, the school accommodation was insufficient, and other defects were pointed out for the serious consideration of the guardians. The Inspector deprecated any addition to the present building, as it was his firm conviction that nothing but a new workhouse, on a larger area, would properly meet the wants of the Union.

IN his report for May of the health of Marylebone Dr. Whitmore again calls attention to the large number of deaths from phthisis during the month. In 1 of every 7 persons who died, the cause of death was stated to be phthisis. No less than 50 persons succumbed to the disease in Dr. Whitmore's district in May. The returns from eleven charitable institutions in the parish gave no less than 875 new cases of diarrhœa. The cause of this large and unusual sickness is by no means clearly made out. It does not appear that it depended upon any local insanitary conditions, and the disease readily yielded to treatment.

THE mortality-rate of young children is usually held to be a good index of the sanitary condition of town populations. Of 2248 deaths registered last month in the eight principal towns of Scotland, 45 per cent. were of children under five years of age. The rate ranged from 28 per cent. in Perth, 31 in Edinburgh, and 33 in Paisley, to 47 in Aberdeen, 49 in Glasgow, and 51 in Dundee. Measles and whooping-cough prevaleid in these three latter towns.

THE election of Principal of Edinburgh University has been postponed to July 6th, on account of the absence of the Lord Provost.

THE Court of Exchequer have decided that Leicester-square cannot be entered by the Board of Works in consequence of its having been in a neglected and disgraceful state. The Court held that the enclosure is private property, and that even the inhabitants have no legal right to it. It was stated by one of the judges that he did not think it was open to the owners to build upon it. It is earnestly to be hoped that something may be done immediately to amend the wretched condition of the enclosure.

THE annual meeting of the Ladies' Sanitary Association was held on Friday last at the Hanover-square Rooms, under the presidency of the Earl of Shafteabury, who made a most sensible speech on the occasion as to the necessity of providing decent homes for the poor, preliminary to any successful culture of habits of cleanliness amongst them. Dr. Richardson read the report, which showed that, financially, the condition of the society was good, and that its operations had been carried on in many new districts during the year, not only at home but abroad; and that a large number of nuisances had been discovered and remedied through the influence and personal supervision of the various branches. Lord Carnarvon, the Hon. Mr. Stanley, Dr. Lankester, Rev. J. B. Owen, Rev. Mr. Rowsell, and Mr. Edwin Chadwick, spoke in testimony of the utility of the Association, and expressed their hope that it might extend its action still more widely, especially by disseminating the elementary principles of hygiene in its now well-known, attractive, and *petite* publications.

YELLOW FEVER is still on the increase in Lima and Callao. It is difficult to ascertain with certainty the daily mortality. According to the most recent accounts the number of deaths at Lima per day varied from 150 to 200, the latter being probably the more correct.

THE Poor-law Board have approved of the plans for a new Workhouse Infirmary at Paddington, the estimated expense of which is £11,300.

THE ratepayers of St. Pancras have petitioned against the proposal to raise the salaries of the workhouse medical officers from £100 to £150 a year. The motion has been postponed.

IT was stated at the Paddington Board of Guardians that 138 gallons of medicine had been dispensed in two months, including 30 gallons of quinine mixture. It was remarked that the inmates were never satiafied unless they were taking medicine.

A MEETING was held on the 9th inst. in Edinburgh, at which Sir James Simpson presided, for the purpose of presenting a testimonial to Dr. John Burn, consisting of a silver snuff-box, a marble timepiece, and a casket containing three hundred guineas, subscribed by five hundred patients and friends of Dr. Burn, as a token of the high esteem which they entertain for him as their medical adviser and friend. The testimonial bore suitable inscriptions. The chairman passed a high eulogium upon Dr. Burn, who is now the President of the Obatetrical Society of Edinburgh.

THE examinations for the licence of the College of Physicians of London will commence on Tuesday, July 7th.

SEVERAL cases of small-pox are reported from the villages of Lutton, Sparkwell, and Colebrook, in the district of Plympton, Devon.

THE BANQUET TO SIR WILLIAM JENNER.

IN accordance with the intention we expressed last week in our brief notice of the dinner given in honour of Sir William Jenner at Willis's rooms, we are enabled to print for our readers the speech of Dr. Parkes in full, the address of the students to the distinguished guest of the evening, and the reply of Sir William Jenner.

The following, amongst others, in addition to those mentioned last week, were present on the occasion:—Dr. Squarey, Prof. Grant, Dr. Knaggs, Dr. Palemon Best, Dr. Steadman, Dr. Ellis, Dr. Turle, Prof. Marks, Prof. Foster, Dr. Green, Prof. Volpe, Prof. Morley, Dr. Saul, Dr. Inglis, Mr. Lamb, Dr. Twyte, Mr. Hochee, Prof. Ellis, Dr. Peter Rawlins, Mr. Robson, Dr. Wood, Dr. Dunham, Mr. John Cook, Dr. Price Jones, Mr. Quain, Dr. Viner, Dr. Beddoe, Dr. Diver, Dr. Roberts, Dr. Halley, Mr. Henry Harding, Dr. C. M. Miller, Dr. Nankivell, Dr. Nash, Mr. G. R. Barnes, Dr. Hare, Dr. C. Brodie Sewell, Dr. Gee, Dr. Tilbury Fox, Dr. Fox (of Broughton), Dr. Barnes, Prof. Hewitt, Dr. Cock, Dr. Carr, Dr. Simpson, Dr. Pike, Dr. Bryant, Dr. Hardwick, Mr. W. Meehan, Professors Key, Morris, Malden, Sharpey, Erichsen, Ringer, Marshall, Sir H. Thompson, Fox, and Reynolds, Dr. Bastian, Dr. Hillier, Mr. Ibbetson, Mr. C. Heath, Dr. Buchanan, Dr. Rayner, Mr. W. B. Hill, Dr. Marcet, Dr. Burton, Dr. Rutter, Mr. Erasmus Wilson, and Mr. Howell Morgan.

The address from the students was read, and then presented by Mr. G. V. Poore, immediately after the Royal toasts had been received. It ran as follows:—

"*To Sir William Jenner, Baronet, Doctor of Medicine of the University of London, Fellow of the Royal College of Physicians, Fellow of the Royal Society.*

"SIR,—It is a matter of satisfaction to us all that we have been enabled to avail ourselves of an opportunity like the present of respectfully offering you our sincere congratulations on the high honour bestowed upon you by Her Most Gracious Majesty the Queen in recognition of your many services to medical science. We would also express our deep gratitude for the incalculable benefits we have each of us derived from the instruction you have given us alike in the lecture-room and in the wards of the institution which has the advantage of numbering you among its medical officers; and we venture to hope that the time is far distant when the great privilege of receiving your clinical training shall cease to be enjoyed by the students of University College Hospital. Further, we wish to convey to you our earnest hope that you may long be permitted to enjoy the exalted position you have won, and that your descendants may inherit, not your dignities alone, but those high mental qualities as well, which have made the name of Jenner as illustrious in this century as it was in the last."

The address was signed by nearly 100 of the students of the College. The illuminating of it was entrusted to Mr. W. R. Tymons. The design was particularly beautiful and chaste, and included the arms of Sir William Jenner. It was bound in crimson morocco, and on the outside was the motto of the College, "Cunci adsint, meritæque expectent præmia palmæ," and an inscription, "To Sir William Jenner, from the Students of University College Hospital, June, 1868."

The CHAIRMAN (Dr. Parkes) said: I have now to propose to you the toast of the evening; and though there are many here more competent to do justice to it, I yet feel I have one special claim to be your spokesman. I believe that, with the exception of his brothers, I am the person in this room who has known Sir William Jenner longest. It is thirty-four years since our friendship commenced in the classes of University College, and during that long period it has been unmarred by a single difference, and untinged by a single cloud. On looking back I think I recognised, even in our student days, the force of an intellect clear, large, and, so to speak, robust; and I certainly soon learnt to appreciate the charm of a character singularly honest, transparent, and sincere. When, some few years later, I returned to England after a short foreign service, I found Dr. Jenner commencing the slow ascent of the professional ladder. It would doubtless have surprised him could he have foreseen that, in less than twenty years, he would have climbed its topmost round. It is customary to say of men who achieve great success, that they have had unusual opportunity. It would be more correct to say that they have made unusual opportunity. If I may paraphrase a line of Shakespeare, I would say of our friend that opportunity lay in his way and he found it. That is, he did not stumble over it, but knowing it must be somewhere, he searched and found it. And his opportunity lay in his determination to attempt the solution of one of the most difficult medical problems of our time. When laboriously engaged in practice in London, he yet found time to undertake, at the Fever Hospital, a complete examination into the forms of fever. If he owed anything to chance, it was in finding in the Fever Hospital at that time a resident officer, Dr. Sankey, who in the most liberal manner assisted him in his inquiry in every way. In this inquiry he showed the true quality of his mind; he had an exact knowledge of what he wanted to do, and a realisation of the proper mode of doing it. I do no injustice to other labourers in the same field when I say that he solved the most important medical problem of the day. How important, only those who practised in the old time can understand. It was really as if light were evolved out of darkness. I can compare the result of his inquiry to nothing else than to a man gazing from some high peak over a landscape obscured in mist, where hills and vales and lawns and churches are all obscured or dimly seen. Suddenly the wind rends the mist, and floods the scene with the light of day. Obscurities, distortions, misconceptions disappear, and all is clear. And how simply it was done. A few short chapters, chapters how pithy, trenchant, and clear, settled the question on which oceans of ink had been shed. But however facile the final summing up, the labour had been enormous. There had also been danger: in 1847 our friend caught typhus fever in the Fever Hospital, and for weeks lay between life and death. Cæsar and his fortunes were nearly wrecked then, but happily he recovered. He would doubtless have been pleased, could he have known it, with the typical way in which his disease ran its course. A few years later he caught typhoid fever in the same way, and that also ran through its course quite according to rule. I have said this was Sir William Jenner's opportunity. It was the first flow of the tide which led him on to fortune. Among others who were attracted by his work on fever was a man of high station and influence in our profession—influence which he has always used for the best purposes: I mean Sir James Clark. I believe I am not wrong in stating that it was the perusal of Dr. Jenner's papers on fever which first drew on him the attention of the man who was so largely to influence his fortunes. The tide was now rising. In 1849, Dr. Jenner was appointed Professor of Pathology in University College, and since then he has filled post after post in the College and Hospital, and all with the greatest success. His numerous contributions to medical science on rickets, emphysema, &c., show the same high qualities as are displayed in his papers on fever. Of his skill as a teacher we have had to-night the most gratifying proof in the presentation of the excellent address from the students of University College. In 1861, the lamented death of Dr. Baly made vacant the highest professional post to which a physician can aspire. It is not too much to say that when Sir James Clark selected Dr. Jenner, the verdict of the profession showed how rightly he had judged. In fact, I believe our profession is a just one—will always recognise talent and honest careful work; and I am proud to think that when our friend was chosen for the high post of medical adviser to his Sovereign there was no one who did not applaud the appointment. Such a post is an immense reward, but it also carries with it an immense responsibility. We all know how soon Dr. Jenner's skill and care were tested; and though the decree of Providence removed from us that great and wise Prince whose loss to this country cannot be overrated, yet Dr. Jenner's ability and judgment were so conspicuous that the confidence of the Queen was not only not lessened, but was increased by her knowledge of his behaviour during that trying time. Since then fortune has not ceased to follow him, and now the dignity which her Most Gracious Majesty has conferred on him seems but the apt reward of his useful and honourable career. All rejoice at it, and his presence to-night shows how general—I might say how universal—the feeling of congratulation is. I can hardly believe that any future moment of Sir William Jenner's life will surpass this one, when so many of his friends have crowded here to do him honour. I know, however, that I speak the sentiments of all here when I say that we do not honour merely the successful man. Mere success is nothing; and the man, successful in our eyes, may, when judged by a

better standard, be the most unsuccessful. We do not honour mere success, but we honour the qualities which we see have led to it. We honour earnestness, truth, energy, and devotion. We honour a man who, as far as we know—and we know him well,—is a good man; and who will show, if I mistake not, to his dying day, the high qualities we have known him to possess for thirty years. May that dying day be long distant. Let us drink to Sir William Jenner's health, and let us hope that he may long enjoy the honours he has so fairly worked for and so fairly won.

Sir W. JENNER, who was received with loud and continued applause, replied as follows:—Mr. Chairman and Gentlemen, If I had had more to say than to thank you heartily and sincerely, to tell you how very proud I am of the way in which you have received my name, I am afraid that the kind manner in which you have received me would have put it from my mind. I thank you all then most sincerely for being here to-night, and for having received my health so warmly, so kindly. I thank those who arranged it for having placed in the chair one whom I, in common with all who have known him, have valued and loved, and all who have known him intimately have desired his good opinion. The desire to possess his esteem has been that which has encouraged me from my earliest student days, from the time when I used to walk with him from our college northwards, and wandered over the fields of Highgate, Hampstead, and Hendon,—the desire to possess his esteem, I say, stimulated me and others in what we now venture to hope was a good career. He taught me, as a student, to desire knowledge for itself, to desire to be good in itself and for itself, and not for anything which might follow it. That is thirty-two or thirty-three years ago. His kindly heart, his kindly feeling, have led him to-night to draw largely from a quality which I knew he possessed, but hardly thought he possessed in so great a degree—I mean his imagination. He has painted me as he thinks I ought to be; and I am glad that he has done so for one reason, because it will tempt me forward to strive to attain to that ideal which he has presented. When I was asked to attend here to-night, I felt flattered by the invitation, and accepted it at once; but no sooner had I done so than I felt I had been a great deal too bold, and that I ought not to have thought of accepting the honour, which I wrote to decline. But again it was represented to me that the meeting would be essentially connected with my own College, that those present would be some of those who taught me, would be some of my colleagues, formerly my fellow-students and my friends in after life, and some of those who have been my pupils—then, I say, I thought I might venture; but I did not expect such an assembly as this, or I fear I should finally have declined. I owe much, very much, to my professional brethren, for I commenced, as my friend has told you, with little extraneous aid. But I found at every step I made a professional brother to help me forward—some hand kindly there to assist me; and every step in life I have made, even to the last, has been the direct, not indirect, result of my professional brethren's assistance. Our profession has been said to be somewhat jealous; it has been a charge against us. I can only say that your presence here to-night gives the lie to that. For myself, too, I may say that having risen all the steps of the ladder, having been originally below the lowest step, and having reached, as my friend said, nearly to the top, I have not once had the slightest evidence of jealousy on the part of any member of our profession with whom I have come in contact. Each one has, so to speak, patted me on the back, has urged me forward, and done his best to aid me. I may say, then, that I am exceedingly gratified with the way in which the profession, to which I owe so much, has received the dignity Her Most Gracious Majesty has been pleased to bestow upon me. To the students who have presented this address to me I would return also my grateful thanks. I can assure them that the very happiest hours of my life have been spent in giving instruction to them and to their predecessors. I can imagine no greater pleasure than to pour instruction into the minds of those who are willing to receive it. It must be in the nature of things a great delight to give to others the means by which they may disseminate knowledge, and relieve suffering humanity,—to feel that the words we are uttering, when they fall into attentive ears, may be the means of saving human life. And I must say that the students that I have been fortunate enough to possess have been most attentive and most diligent, and their diligence has been shown by their success in after-life. But we should remember that success may not attend that which really deserves it. There are only two things that really deserve success, in our profession especially. One is labour—work, thorough work; and the other is that the work shall be conducted loyally, with an earnest desire to attain to the truth, to know the truth, and feel it. And, gentlemen, if you do work, and work loyally, you will attain to honour, not perhaps to the impress of the honour, not to titular dignity it may be, but you will attain that which is far more worthy and deserving—you will be the gold, although the impress of the guinea may not be marked upon it. Accident, a variety of circumstances, trivial in themselves, may determine outward success; but if you have worked loyally, in the great sense of the word, from the beginning to the end of your life, you will be deserving of success and honour; and if you gain it you will enjoy it, and, if you do not gain it you will be conscious of having done that which deserved success. I might say that the one bitter drop in the cup of happiness which has been offered to me to-night, is the consciousness that others present have deserved much more richly than I do the honour to which I may have attained, because I believe in my heart that they have worked harder than I have, and have worked more successfully, and with better result. (No, no.) And now I have to propose to you a toast which I at least shall drink to most cheerfully. The toast is "University College"—coupling with the toast the name of Professor Sharpey, an illustration of the advantage which is obtained by trading freely in knowledge. He (said Sir William) was a student at a distance, and came from a distance, recommended only by his wonderful knowledge; but he had been so long connected with University College, and had so thoroughly entered into the spirit of the place, that his name was now more intimately associated with it than with the place that had known him in his earlier days. After alluding in grateful terms to Dr. Sharpey's readiness to assist those engaged in any investigation by giving them the benefit of his well-balanced judgment and great power of weighing evidence, as well as of his great learning, Sir William Jenner called on them to drink "Prosperity to University College." (Loud cheers.)

DELEGATION OF DUTIES OF LOCAL AUTHORITIES TO A PRIVATE COMPANY.

ON Friday last a Bill was read for the third time, and passed the House of Commons, which if it be allowed to become law will have considerable effect on the working of some of the sanitary Acts of Parliament. The Bill to which we refer has been promoted by a private company, called the Towns' Drainage and Sewage Utilisation Company, and it appears to us that its object is to invest the said company with the powers possessed by local boards and other like authorities. Such at least is the meaning which we attach to the 4th, 5th, and 6th clauses of the Bill.

The three sections just referred to give, we believe, a power which we apprehend it never could be the intention of Parliament to grant to a self-elected body. The Sanitary Act of 1866 provides for the appointment of committees by the sewer authority, but it expressly provides that the responsibilities of the sewer authorities shall nevertheless continue. But should this Company get the power which it now seeks, we do not see how any sewer authority who has entered into an "agreement" with the Company can be held responsible for neglect to provide drainage, &c., for its district, for this Act is avowedly asked for to enable the Company to take the place of sewer authorities.

But this is not all; the Company seeks to become not only a sort of universal local board, or sewer authority, but also to exercise some of the functions which only the Secretary of State at present possesses. Thus it is proposed to incorporate with this private Act the Local Government Acts of 1858 and 1861, the Sewage Utilisation Acts of 1865 and 1867, and parts 1 and 3 of the Sanitary Act, 1866, and to authorise the Company to make "preliminary inquiries," &c., and to be paid for them out of the "rates, income, or funds" usually under the control of such authorities.

If this Bill should pass into law, we shall have another complication of the already far too complicated question of local authorities under the various sanitary Acts, and we desire to draw the attention of the Duke of Marlborough and Mr. Hardy to this Bill, which seems to have slipped through the House of Commons, comparatively speaking, unheeded, and

to express the hope that the Government will immediately oppose its further progress, and prevent the frustration of the objects of a public Act of Parliament, by enabling a sewer authority or local board to delegate to a private and irresponsible body the powers which the Legislature has imposed upon those authorities. We do not see what check there would be upon the expenditure under such an arrangement as this Bill proposes. On the whole, we think it would be most adverse to the interests of the public, and to the progress of sanitary reform, and should, therefore, be thrown out by Parliament.

RETIRING PENSIONS TO DISPENSARY AND POOR-LAW MEDICAL OFFICERS IN IRELAND.

THE deputation from the Royal College of Surgeons in Ireland and from the Irish Medical Association—composed of the Vice-President of the College (Prof. Macnamara), the Secretary to the Council (Prof. Hughes), and the Hon. Secretary to the Irish Medical Association (Dr. Quinan)—arrived in town on Wednesday the 10th inst., and waited by appointment upon the Chief Secretary for Ireland, the Earl of Mayo, on the following Friday, with the object of impressing upon his Lordship's attention the claims of Irish medical officers employed under the Poor Laws and Medical Charities Acts to superannuation allowance when unable, from any cause, longer efficiently to discharge their duties. The deputation was accompanied by Prof. Mapother, Mr. Pim, M.P., and Dr. Brady, M.P.; and each argument in their favour was brought under his Lordship's attention, who received the deputation courteously, and listened attentively to their observations, the substance of which has been since embodied in the subjoined letter, which has been addressed to the Irish members individually. His Lordship did not appear to entertain any strong hope that the measure would become law this session; in fact, he seemed to be rather reluctant to increase the present poor-rates—a feeling in which he fortified himself by stating that Irish boards of guardians entertained opinions upon the subject somewhat akin to his own. As to the increase in the rates, this would, as we are informed, be of so very trifling a character (not one-fiftieth of a penny) that it should not be allowed to enter into consideration where a question of such justice to a meritorious professional class is concerned; and as to the disinclination of boards of guardians to being invested with such permissive powers, we suspect that his Lordship is misinformed. This is a point, however, which could easily be cleared up; and were we to venture to offer advice to our Irish friends, it would be, in case of the not improbable falling through of this Bill, that they should employ the period between this and the next meeting of Parliament in exciting the sympathies of the Irish boards of guardians in support of this most just claim of their medical officers.

As Members of a Deputation from the Royal College of Surgeons in Ireland, we beg to submit the following reasons in favour of the granting of retiring pensions to dispensary and Poor-law medical officers in Ireland, after twenty years' service, and after having attained their sixtieth year of age, who may be rendered incapable by disease or accident from performing their professional duties.

No. 1. Poor-law medical officers are obliged to place their whole time, both night and day (not excepting Sunday), at the disposal of those who appoint them.

No. 2. The point so forcibly brought before Lord Mayo by Dr. Brady,—namely, that the fact of the dispensary and poor-house medical officers being permitted to practise enables them to accept the Poor law appointments for at least one-fourth of the salary they should otherwise obtain—by which the rates are lessened, and by the saving of which, whilst in youth and health, the medical officer is fairly entitled to a retiring pension when, by old age, disease, or accident, he becomes disabled from efficiently carrying out his professional duties.

No. 3. By a recent order of the Poor-law Commissioners, a Poor-law medical officer is prohibited from accepting any appointment—a coronership, for instance,—which may possibly call him beyond the outline of his district.

No. 4. It is obvious that when a medical officer is disabled from any of the causes already alluded to, unless he resign his office, which he seldom can afford to do, those poor patients who are confided to his professional care must suffer; but if there were a retiring salary secured to those unequal to discharge their professional duties efficiently, the officers so circumstanced would voluntarily resign their offices, and thus make way for younger and more active medical men.

No. 5. It stands to reason that the prospect of an equitable retiring allowance in an infirm old age would assist in procuring for the sick poor, and the community in the several Poor-law districts, medical practitioners of the highest qualifications and abilities.

No. 6. Lastly, it cannot be too forcibly impressed on the ratepayers, that as it is proposed in Sir Coleman O'Loghlen's Bill, at present before Parliament, that the dispensary and Poor-house medical officers can only (when disabled by old age or infirmity) be entitled to two-thirds of their salaries, and that one-third is to be paid out of the Consolidated Fund, that consequently the ratepayers will be called on to pay only one-third of the retired medical officers' former salaries.

It may be right here to add that, on inquiry, we have reasons to believe that the number of old and infirm medical poor house officers at present in Ireland, likely to seek relief by a retiring salary, does not exceed twenty.

The granting of retiring salaries to Poor-law medical officers, as contemplated by Sir Coleman O'Loghlen's Bill, is only permissive, not obligatory.

RAWDON MACNAMARA, M.D., F.R.C.S.I.,
Vice-president of the Royal College of Surgeons, Ireland.
J. STANNUS HUGHES, M.D., F.R.C.S.I.,
Secretary of Council, and Professor of Surgery in the Royal College of Surgeons, Ireland.
E. I. QUINAN, M.D., F.R.C.S.I.,
Hon. Sec. Irish Medical Association.

The Westminster Palace Hotel,
June 15th, 1868.

P.S.—It is self-evident that no one would avail himself of the boon unless fairly worn out,—as, so long as he was able to work, he would not like to introduce a rival into the centre of his practice.

THE ROYAL COLLEGE OF SURGEONS.

ABSTRACT OF MR. LE GROS CLARK'S LECTURES ON SURGICAL DIAGNOSIS.

LECTURE III.

IN the first part of his third lecture Mr. Clark continued the consideration of the general principles of surgical diagnosis, which have formed the subject of the two preceding lectures. He commenced by glancing at the subjects of pain and sleep. The former was regarded by physiologists as a less unmixed evil than it was popularly believed to be. It afforded considerable aid to diagnosis, especially in its numerous varieties, which were so often allied to special diseases. Sympathetic pain, too, was often useful. He believed the shock of pain had been over-estimated, for severe and long-continued pain, though exhausting, was very rarely fatal, *per se*. Sleep was often a useful aid to diagnosis—its disturbance the first note of warning, its return the harbinger of improvement. Absence of sleep was more significant than disturbed conditions. Much might often be learned by watching the action of anodynes. In the sleeplessness of nervous excitement their effect was deep and prolonged, while in febrile states the sleep was disturbed by dreams and startled wakings; then, indeed, opium often could not be borne.

Having completed the enumeration of the subjective symptoms, the lecturer alluded to the various objective signs useful in diagnosis. Deformity was very important, and in estimating this by comparison of the two sides of the body it was well to employ one sense only at a time. The indications to be derived from colour, transparency, local changes of temperature, consistence, œdema, crepitation, crepitus, and fluctuation were then spoken of; and after alluding to the diagnostic value of treatment, a test which should never be employed to the possible injury of the patient, Mr. Clark passed on to consider the main subject of his lectures—the application of these principles to shock and visceral lesions.

The great characteristic of shock was the vital depression produced by some exciting cause, acting primarily on the

nervous centres and heart, and secondarily on the organs of respiration, secretion, &c. It might be produced by physical causes, when it was often most intensely marked, by mental emotion and by blood-poisoning. The predisposing causes by which the effects of shock are increased were mental peculiarities, the nervous temperament, and structural disease of some viscus interfering with the elimination of the products of organic combustion, and the consequent blood-poisoning which takes place. At different ages the effects of shock were differently manifested. In early life the impressibility was greatest, and reaction least; old age offered the reverse conditions; while middle life presented the time when the effects of shock and phenomena of reaction are best marked. The shock produced by railway accidents was often severe, especially in its remote effects. In passing, the lecturer alluded to the difference of opinion upon these cases among medical witnesses as a thing much to be regretted. The only remedy, he feared, was too Utopian to hope for—that medical men should insist on being allowed to consult together, and so to arrive at a conclusion as to the validity of the claim, leaving damages to the jury.

The lecturer then detailed at considerable length some observations he had made on the temperature in shock. His results agreed in the main with those of Mr. Jordan, of Birmingham. The temperature generally fell one or two degrees, and subsequently rose during reaction to between 100° and 103°, and then in favourable cases gradually declined. The lowest in which recovery took place was 91·2°, in a case of cut-throat; the highest 105°, after compound fracture. The lowest temperature in fatal cases was 89·6°; the highest was 106°.

Reaction was the rebound of the organism after the depression of shock. It might be so great as to be fatal, but this was rare; in ordinary cases excess was more promising than deficiency. The question of operating during shock was very important; the lecturer believed that operations might be undertaken safely during shock if they did not involve loss of blood. During reaction they were borne badly, except in those cases in which the apparent shock was out of proportion to the cause, and then it was better to wait till the shock had passed off.

The cause of death from shock was then discussed. Mr. Clark believed that it depended—in such a case, for instance, as a blow on the epigastrium—upon the impulse on the branches of the pneumogastric producing paralysis of the brain, and consequently of the sympathetic, resulting in arrest of the heart's action. The so-called inhibitory influence of the vagus on the heart he considered quite unproved.

The lecturer concluded by enumerating some of the great physiological problems, by the solution of which the phenomena of the nervous system would be rendered more intelligible, such as the relation of nerve force to muscular contraction, and the localisation of the several special functions of the nervous system.

Correspondence.

"Audi alteram partem."

VACCINATION AND SYPHILIS.

To the Editor of THE LANCET.

SIR,—I am infinitely obliged to Mr. R. Brudenell Carter for his letter on Vaccination and Syphilis published in your impression of the 13th instant. A happier illustration of that laxity of thought amongst the profession on the subject of vaccination upon which I ventured to comment in my review of the works of Dr. Seaton and Dr. Ballard, could not well be conceived. So happy, indeed, is this illustration that I have come to the conclusion that the object of Mr. Carter's letter is other than it professes to be, and that the letter is a clever instance of showing the folly of a certain line of argument by pushing it to absurdity.

What could be more exquisitely inconclusive than the grounds upon which Mr. Carter avers a belief in the "common occurrence" of syphilitic infection by vaccination? Note the sweeping statement, as yet unconfirmed, that the incidental occurrence (so to speak) of Hutchinson's disease among families where the evidence of parental syphilis is altogether wanting, is frequent. Note, also, the extraordinary and fatal facility of deduction which leads the writer to conclude that, the probability of parental syphilis being excluded, all other sources of constitutional syphilis are excluded *except* vaccination—as if the writer were not acquainted with incidental cases of constitutional syphilis in families, the subjects of which had never been vaccinated; or as if Mr. Hutchinson and others had never written of the probable transmissibility of syphilis to a third or fourth generation; and as if syphilitic atavism were not a possibility. Note, finally, the surpassing and acute sense of the burlesque involved in the parallel drawn between the vaccine virus and the semen. Dean Swift would have envied the conception that by the inoculation of the semen of a syphilised individual, pregnancy and Hutchinsonianised progeny might result,—for this conception is necessary to complete justly the parallel suggested by Mr. Carter between normal impregnation and successful vaccination.

Mr. Carter's estimate of the influence which the assumed evils of vaccination should exercise upon the provisions for public vaccination is not the least ingenious part of his letter. He displays neatly and incisively the style of thought and amusing unconsciousness of ignorance amongst those persons who have not troubled, and do not think it necessary to trouble, themselves to ascertain what are the requirements for efficient public vaccination. What keener satire upon the profession could be written than the suggestion that the occasional bickerings of practitioners should have been dignified by the solemn consideration of the Legislature; and that the profession generally had a vested interest in vaccination fees, the public good notwithstanding. Mr. Carter's parody of medical stump-oratory in the concluding paragraphs of his letter is peculiarly apt. The root and branch condemnation of the Vaccination Acts, and the awful hints as to their mischievous effects upon the infantile public, is a capital travesty of the style of that "meechin kind" of instructor who, as Mr. Birdofedun Sawin has it,—

"— sets an' thinks for weeks,
The bottom 's out o' th' univarse 'cos their own gill-pot leaks."

I am, Sir, your obedient servant,

June 15th, 1868. YOUR REVIEWER.

To the Editor of THE LANCET.

SIR,—Mr. Carter, in his well-written letter in your last number, on Vaccination and Syphilis, says, "Syphilitic infection by vaccination is not only to be expected on theoretical grounds, but is actually of common occurrence."

Passing by what may be expected theoretically, it will be interesting to ascertain what amount of evidence there is to bear out Mr. Carter's statement "that syphilitic infection by vaccination is of common occurrence." I had a very large practice, as Mr. Carter knows, in his neighbourhood amongst the more "wealthy classes," and besides this I was the public vaccinator of a populous district, so that an immense number of vaccination cases came under my observation from all classes of society; and when I say that I resided in this one district thirty-four years, it will be admitted that my experience has been considerable. Well, the result of that experience is entirely at variance with Mr. Carter's assertion "that syphilitic infection by vaccination is of common occurrence." My long residence in one place gave me great opportunities of noting results over a considerable period,—say from the time of the operation to the manhood of the patient, and even more, to the next generation; and I must say, with Dr. Ballard, that I do not know of a single case where syphilis has been imparted to a child as a result of vaccination; and whilst admitting that the cases of inflamed cornea which Mr. Carter has well named "Hutchinson's disease," are mainly due to hereditary syphilis, yet I have failed as yet to trace the development of such disease as a sequence of vaccination. With respect to the case published by Mr. Carter as one of Hutchinson's disease, I make no observation further than to say that it is without "parallel" in my experience, as well as his, to find an eldest child suffering severely from syphilis due to a parent, and the five or six other children presenting not only no trace of the disease, but were the inheritors of their parents' fine form and robust health, so that it would appear all the *materies morbi* of the father passed to the first-born, forming an unique example of syphilitic primogeniture; and, curiously, so entirely was all the property given to the eldest, that the younger sons did not come in for any share of the personal.

I am, Sir, your obedient servant,

Elgin-crescent, June 15th, 1868. C. W. TURNER, M.D.

THE PATHOLOGY OF CHOLERA.

To the Editor of THE LANCET.

SIR,—I do not intend to trouble your readers or myself by noticing at length the remarks of Dr. George Johnson contained in your last number; but in justice to Dr. Sutton, of the London Hospital, whose labours are quoted by Dr. Johnson, I wish the profession to know that that gentleman does not believe in Dr. Johnson's theory. He has published his opposing views in the 9th Report of the Medical Officer of the Privy Council, and has satisfactorily confuted Dr. Johnson at page 421, *et seq.*

Dr. Johnson has picked out certain parts of Dr. Sutton's returns, which appear when so separated to lend support to his views; but I apprehend we must allow Dr. Sutton to be his own exponent, and also allow him to be a more fitting one than Dr. Johnson, inasmuch as the work is his own, and he has no theory to patch up.

Dr. Sutton, among other things, has ably shown the folly of regarding *weight* of lung as important in testing the truth of Dr. Johnson's theory. And I find another gentleman, who is quoted by Dr. Johnson, entirely agrees in this; for Dr. Andrew writes me as follows:—"So far as the weight of the lungs is concerned, the standard of comparison ought to be, not a general average, but the weight of those organs either in persons dying very suddenly in perfect health, or in cases of death from hæmorrhage. It would be absurd to compare the lungs of a cholera patient, &c. &c." I must confess to holding the same opinion as Drs. Sutton and Andrew.

In conclusion, Sir, I have merely to add that I received my returns from St. George's Hospital through the kindness of Dr. Barclay, and from the Middlesex through Dr. Goodfellow; they were obtained, I understand, by the above gentlemen from Mr. Pick and from Dr. Cayley respectively, and the perusal of them satisfied Dr. Barclay, Dr. Goodfellow, and myself that they were decidedly opposed to Dr. Johnson's views. I hope Dr. Johnson will in future remember that "Io triumphe" makes a very bad solo, and will refrain from indulging (as he does in the last sentence of his letter) in boasting successes which he has never achieved.

I am, Sir, yours obediently,

June 11th, 1868. G. OWEN REES.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—As an old contributor to your pages on Naval Medical Reform, I trust that you will afford me space for a few observations on the present state of the service.

I regret to find that the Admiralty have adopted a settled policy of repression towards the chiefs of the medical arm of the Navy. A retrospect of the events of the last two years leads to the conclusion that counteraction of the Recommendations of the Committee of 1865–6 was determined on when the report was received. Certainly the report, although printed as a blue-book, has been suppressed, and injustice and insult of the grossest kind have been perpetrated on medical officers of superior rank.

This is a *casus belli* to the medical profession generally, which will not fail to arouse determined hostility in the medical schools, and will lead to comparisons between the army and navy unfavourable to the latter. Reference to the Navy List shows that the benefits conferred on naval medical officers as the result of the Recommendations of the Committee have failed to induce young surgeons to volunteer in adequate numbers. Thus on 1st January, 1865 (previous to the operation of the Recommendations), there were 302 assistant-surgeons, out of a total of 634 medical officers, on the active list; whilst on 1st January, 1868 (subsequent to the Order in Council of 6th July, 1866, and the Warrants of 12th July, 1866, and 8th February, 1867), the number was 240, out of a total of 530.

It is not that the benefits conferred have been nominal or slight that the profession have held aloof, but because distrust of the good faith of the Admiralty in the execution of Orders and Warrants (the growth of many years' experience) has been strengthened rather than the contrary.

And is there not good cause for this distrust? Not only have late events taught the profession in civil life that high rank in the war service of the country is no bar to indignity and injury, *for which no public investigation, much less redress, can be obtained*, but the hearts of the medical officers themselves have been withered by the scant prospects held out to them on retirement. The option to retire after twenty years' service is weighted with a provision that is unique in the Royal Navy, and that has astonished officers of all classes indiscriminately.

In my comments on the Report of the Committee (7th of March, 1866), I clearly pointed out the evils that were attendant on the "compromise" entered into with the profession. A premium is given to attract candidates, whilst the services of experienced officers are insufficiently rewarded. The list of staff-surgeons is steadily increasing (70 in October, 1866; 98 in April, 1868), and difficulty is found for the employment of these officers; yet the list is not cleared either by promotion in due degree to the requirements of the service, or by fair inducements to retire; 18*s.* 6*d.* per diem is the rate after 25 years' active service, which is augmented to 20*s.* in the event of compulsory retirement for sickness or for age.

I pointed out in my comments that "If the Committee had wished to cause a great influx of surgeons into the public service, they possessed the opportunity by augmenting the retiring allowances;" also, by "allowing of early exit from the service." It is a cardinal error in the management of a department to disparage the chiefs, and this error exists in the Royal Navy. Until the Medical Director-General shall have a seat at the Admiralty Board *this disparagement will continue.* Let the profession apply to Parliament for this important concession to their interests—*necessary* to the profession, and *beneficial* to the men entrusted to the care of the medical officers of the Royal Navy.

In concluding this letter, Sir, I return you thanks on behalf of the naval surgeons for your independent and able advocacy of the cause of naval medicine.

I am, Sir, your obedient servant,

FREDERICK JAMES BROWN, M.D.

Rochester, 16th June, 1868.

PLACENTA PRÆVIA.

To the Editor of THE LANCET.

SIR,—In the last number of THE LANCET, Mr. Richardson communicates a case in which Simpson's method was successful. He describes the method pursued as follows: "I plugged the vagina, applied a T bandage, and gave a drachm of tincture of opium.....Next day the flooding was renewed as soon as the plug was removed; os uteri dilated to the size of a florin. I introduced my hand into the vagina, and with the index finger passed through the os uteri, I fully detached the placenta all round from the uterine surface. The bleeding ceased, and the os uteri gradually dilated."

Upon this I beg permission to observe that the "method" pursued was not that of the illustrious Professor of Edinburgh, but mine. The practice inculcated by Sir J. Simpson was (see "Obstetric Works," vol. i., p. 683) "the complete separation and, if necessary, extraction of the placenta before the child."

Now, I presume Mr. Richardson does not wish it to be understood that he "completely separated" the placenta by the index finger passed through the os uteri. In my Lettsomian Lectures on Placenta Prævia (see THE LANCET, 1857), I have shown, first, the fallacies upon which the practice of completely detaching the placenta was based; secondly, the error of supposing that the placenta can be completely detached by one or two fingers passed through the os uteri. Let Mr. Richardson measure the length of his index finger; then let him measure the diameter, or even half the diameter, of a placenta. In placenta prævia it is very common for the placenta to descend to the edge of, and a little across, the os uteri, whilst the main bulk rises, perhaps, nearly to the fundus. His index finger would therefore have to reach never less than four inches, and commonly it would have to reach five, six, seven, eight, or more inches. It is therefore physically impossible to completely detach the placenta without passing the hand into the uterus.

But it is very possible to practise what I recommend,—namely, the detachment of the placenta from the cervical zone of the uterus, by one or two fingers passed through the os. This is what Mr. Richardson did; and his success is another testimony to the truth of my theory of the physiology of placenta prævia, and to the value of the practice based upon

that theory, to be added to the many proofs which have been accumulating from the practice of professional brethren in every part of the globe.

I am, Sir, your obedient servant,

Finsbury-square, June 16th, 1868. ROBERT BARNES, M.D.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

REVOLUTIONARY movements of all kinds, in every department, seem to be the order of the day. No institution is to be allowed to move in its old groove. Everything is to undergo alteration; and it seems that our good old College of Surgeons is to prove no exception to this general spirit of innovation. Amongst a section of its Fellows a loud cry is being raised that we are in want of a new charter, to provide, amongst other things, for the separation of the school from the College, to enable the Fellows in the country to vote by voting papers, and to permit lecturers in the several schools to sit on the examining board of the College—posts from which they have hitherto been excluded on the ground of impartiality; not that any gentleman would be supposed to avail himself of such a position to advance his own private interests, but that Cæsar's wife should not only be pure, but above suspicion. These questions are all of an important character, and deserve consideration at the hands of your readers. I propose discussing them in the order in which I have enumerated them; and first, then, will come the school question.

At a period when surgery was indeed at a low ebb in our city, the School of Surgery was founded for the purpose of supplying an admitted want—in fact, the College originally was founded as an appendage to the school, not the school to the College; and how successfully the several professors who have filled chairs in the College school have laboured to raise the standard of Irish surgical teaching, requires not to be recorded here by me. In this school it was that Abraham Colles, Wilmot (primus), Jacob, Sir Henry Marsh, William Henry Porter, Macnamara (primus), and a host of other worthies—who have left us their reputations to incite and their writings to guide us—lectured, and materially assisted in raising the status of the Dublin School of Surgery to its present position. To do away with such a connexion between school and College in the face of such historic memories, were there no other reason for continuing it, should require strong arguments. It is but the work of an hour to throw down what has been the labour of more than half a century to build; and, even in these days, it would be well to pause and consider maturely steps which, when once taken, must prove irrevocable. The arguments advanced for severing the connexion are briefly these:—The expense incurred by the College in its support—an expense which, in round numbers, may be stated to be about £300 per annum. This sum, it is considered, could be better devoted to other purposes, such as the establishment of some chair—say of pathology,—to increasing the museums, or to being set aside to increase the College funded property. Fairly to judge of the weight that is to be attached to this argument, it must be borne in mind that the income of the College is entirely, or very nearly entirely, derived from the fees paid by students going in for its licences, and that these pupils are educated in the several schools throughout Ireland as well as in the College school; but that of all the pupils that pass the College more than a third of the number are furnished by the College school. Were the College school closed to-morrow, of course the students would look elsewhere for education, and of these the school of Trinity College would get the lion's share. But Trinity College itself is a rival licensing body, giving, in addition to its University degrees, licences in surgery, which confer upon its holders all the privileges that they could enjoy with the licence of the College of Surgeons; and what is more natural than that the students educated in the University school should seek the University licence?—a course by which the College, which depends for its support upon the fees for its licence, would materially suffer. But then, in reply to this, it is argued that were once the College school abolished, the private schools would then more earnestly support the College than at present they are inclined to do. The answer to this is, what guarantee have the Council of the College that these private schools would be continued to be worked? At any moment it might seem fit to their proprietors to close their doors, in which contingency the class at the University would be again benefited, to the risk, if not to the certain loss, of the College of Surgeons. Over their own school they have authority—over the unchartered or private schools none, so far as compelling them to keep their doors open; and until this manifest risk can be got over in some way or other, a large proportion of the Fellows will, in my opinion, pause ere they join the party who call out for a new charter with this object in view.

It may be argued that this is, after all, "a far fancied ill and a danger out of sight." Well, let that be granted; but this danger cannot be called so, inasmuch as it was, not many years ago, upon the very eve of occurring. To close the College school would be but to throw the entire power over the College into the hands of the few proprietors of the unchartered schools. All that they would have to do is simply to combine together and send their pupils for their licences to London or Scotland, and so in a very few months starve the College into a compliance with their demands, no matter what they might be. This, I repeat, is no imaginary danger. Some years ago it was on the eve of being put in force, when the College school was in existence. How much more readily would it not be carried into play now, were the College to commit an act of so suicidal a character as to do away with its principal feeder. I shall not now dwell upon the great blow and sad discouragement it would be to the best interests of scientific surgery were the school abolished, an appointment in which is pretty generally accepted as a fitting reward for years spent in the earnest study of scientific teaching. The ranks of the College professors have been, almost without an exception, recruited from amongst those lecturers in the unchartered schools who have earned for themselves reputation as hard-working men and successful teachers. Were the school abolished, this—one of the few incentives to earnest labour—would go with it; and these are times, and ours above all others is a profession, in which we cannot afford to part with even the most trifling of our privileges.

In my next letter I shall continue this subject. Upon the present occasion I fear I have trespassed at too great length upon your space. The subject, however, is an important one, and requires—nay, demands ventilation.

Dublin, June 17th, 1868.

GLASGOW.

(FROM OUR OWN CORRESPONDENT.)

IN my last communication I asked why the medical degrees at the University were not conferred at the same time as those in arts and science. I now repeat the question, in the hope that it may direct attention to the subject, and lead to the removal of a useless and unnecessary hardship. The medical graduates were not capped till the 21st of May, though the examinations and every preliminary were concluded about three weeks before that time. What they say and feel is, that during these three weeks, without any reason of which they are aware, they were detained loitering idle about town. I observe from the newspapers that Dr. Allen Thomson delivered an address to the graduates, which I have no doubt would be characterised by the good taste and high professional and moral tone for which the Professor's public appearances are distinguished. But why was it not published? They manage these things better in Edinburgh.

The Chair of Midwifery in our University being vacant by the death of Dr. Pagan, we have several candidates pushing actively for it, and the contest is exciting considerable interest. The patronage is vested in the Crown, and Her Majesty's advisers name three very good men to select from. Leishman being the only Conservative and Churchman of the three, the odds at present are rather in his favour.

Glasgow ought to be an admirable school for practical midwifery. We have a lying-in hospital with 24 beds, the teaching advantages of which were for many years neglected or inefficiently performed. Of late, however, new life has been infused into it, and I hear it is now all that can be desired, and that consequently it has a numerous attendance of students. There is, also, more closely connected with the University a dispensary for affording attendance on women at

their own houses. Considering the position of these institutions in this very populous city, students must have ample opportunities for the study of all the branches of obstetric science.

Now that the universities of Glasgow and Aberdeen may be considered as enfranchised, both political parties are on the look out for candidates. On the Whig side, the late Lord-Advocate Moncrieff, and Mr. Archibald Smith, a Chancery barrister, have been named. Surely Mr. Moncrieff will not show the white feather, and make an ignominious retreat from Edinburgh without firing a shot. Mr. Smith is announced as a great mathematician and scholar; but neither personally nor by reputation is he known to the constituency. Sir Archibald Alison, Bart. (son of the historian of Europe), a distinguished *alumnus* of this University, and the present Lord-Advocate Gordon, are the candidates named on the Conservative side. As yet the Lord-Advocate is the only one of the four regarding whom any decided action has been taken. Considering that we owe the privilege of having the universities of Scotland represented in Parliament very much to his agency, and that he has made the admission to the franchise as large and liberal as it was possible, he is rather popular at present, and the Tories have been fortunate in their selection. In the meantime, let the numerous body of educated and liberal-minded men who are scattered over the United Kingdom, and who will soon be called upon to elect representatives for the Scottish universities, remember and act on Sir Robert Peel's famous advice, after the passing of the first Reform Bill,—Register! Register! Register!

Glasgow, June 15th, 1868.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

THE comments contained in your last annotation upon the disturbances at the School of Medicine of Paris are, perhaps, somewhat too severe upon the students of medicine; and your forebodings with regard to their materialistic opinions are more sombre, happily, than is warranted by the real state of things. You have judged from the most salient points of the case, which undoubtedly are not in favour of the students. But perhaps you will allow your Paris correspondent, who resides on the spot, and is well acquainted with the facts of the case, and the *dramatis personæ*, to mitigate the severity of your condemnation, and claim some indulgence in favour of the accused. One, so to say, must be accustomed to the manifestations of the students here in order to arrive at a correct estimation of their importance. From time immemorial the students of Paris (medical or other) have indulged in making manifestations. In former times they made political demonstrations, and marched in procession to the doors of public personages, there to express their approbation or disapprobation. Now-a-days their demonstrations have generally no determinate character, and signify scarcely anything but a desire to give vent to their juvenile spirits, and satisfy their natural propensity for fun and excitement. At the opening sittings of the Faculty—which are their favourite occasions for creating an agitation—it would be difficult to assign any precise character to the curious scenes which take place. Epithets and exclamations are exchanged across the room; allusions are seized upon to express pleasure or displeasure, &c., and the professors labour as best they may through the business of the day. Of course these scenes are much to be deplored; but here no serious importance is attached to them. On certain occasions, however, as when M. Rayer was installed as Dean contrary to the sentiment of the students and professors, the manifestations to which I have alluded assume a more marked character. The students gather in the environs of the Faculty, and there manifest their displeasure. Almost immediately a body of policemen shows itself, and then the students disperse, or if they make a show of resistance, some half dozen of them or so are taken to the neighbouring *posse*. On the very same day the dean, or the friends of the prisoners, claim them, and, save in very exceptional cases, in which politics are concerned, they are immediately set free. These things are arranged *en famille*, as it is said here. They are of such ordinary occurrence that scarcely any importance is attached to them; they have no echo beyond the immediate scene of action, and the next day nothing more is thought about the matter. To comprehend this, if not to excuse it, full allowance must be made for the character and habits of the people, the temperament of our Gallic friends, so quick and explosive, and the warm impulses of youth. It is something like the stories we hear of the German students, their midnight broils, their duelling, and their violent quarrels *inter pocula*,—a question of habit and national character. Whether the students of Paris might not do greater credit to themselves by adopting a more sedate and dignified demeanour is another question, in which I am quite prepared to concur with you. But with these restrictions no serious importance can be conceded to their agitation. And it is precisely on this account—that is, because their frequent and noisy manifestations have lost the credit which would attach to a more calm and unimpassioned protest, when necessary—that the students should be more disposed to alter the course they have hitherto taken.

The disturbances which have recently occurred were not more serious than those which I have just described, and would not be considered here, even by the authorities, as being in any way riotous. But perhaps I may do well to relate just in a few lines the exact circumstances which took place. The anger and indignation of the students had been violently excited by the attacks which had been made by the ultra-ecclesiastical party against their Faculty and professors, and particularly by the arms which their adversaries had employed for that purpose. The *alumni* were therefore intent upon acclaiming, not their favourite professors, but those who had been the most roughly handled and the most unjustly attacked by the petitioners and their supporters in the Senate. On the first day, the Monday, they gathered in large numbers at M. Sée's lecture. The professor was greeted with shouts of applause, and as he related the last and most irritating episode of the clerical denunciation against the Faculty, the students vented their ill humour and anger by various cries and exclamations. The lecture was then listened to with great attention. At the finish of the lecture, the students adjourned to the courtyard of the School of Medecine to applaud the Professor once more; but on learning that he had proceeded to the Ecole de Pratique, which stands opposite the Faculty, about a hundred of them proceeded to the place. They were scarcely there when a body of policemen came up. The gates of the Ecole Pratique were hastily closed, and the two parties looked defiance at each other through the iron gratings. The policemen had not a right to enter into the courtyard, but they would notallow the students to come out. Upon this the Dean of the Faculty made his appearance, and after having addressed both the students and the policemen, the students quietly dispersed. Thus ended the first scene, rather a laughable one than otherwise, and giving a good illustration of one of those arrangements *en famille* to which I have referred. The next day M. Vulpian, the other incriminated professor, was to be applauded. Large numbers of students met at the lecture, and there was an exact repetition of what had taken place on the preceding day. The lecture was then quietly listened to, and after its conclusion the more excited of the students spoke of going successively to M. Machelard's house to cry shame upon him, and next to M. Sainte Beuve's, who was to be complimented on account of his defence of the Faculty at the Senate. About two hundred of them moved towards M. Machelard's house, situate near the Senate House. But the policemen had been apprised of their intentions, and had posted themselves in their way. A collision therefore took place in the street, what is called here a *bousaïlade*, or jostle, with the delivery of some sundry thumps; and as it afterwards appeared, two of the adversaries, a policeman and a student, were more severely treated. There ended the whole disturbances; the students dispersed, and, to the best of my knowledge, no arrests took place.

With regard to the materialism of the rising generation in Paris, I believe I may venture safely to assert that it is not so deep-rooted and extensive as has been supposed. This is not the first occasion on which the cry of "Vive le matérialisme" has been heard in the lecture-room of the Faculty. Only, before the unqualified attacks of a certain party, it was uttered by some half-dozen or so of students, who openly profess the most radical opinions. The large body of the students never joined in the cry. If materialism has become, not a watchword, but a more general exclamation with the students, it must be taken as a sort of reaction against the aggression of their adversaries. Here, again, the playful humour asserts itself, and—the clericals must be annoyed by any means. This ill-timed and unjust aggression has put materialism *à la mode* among the students. The students had been made to pass as

materialists, had been denounced and reprimanded as such,—so they will be materialists just for the fun of the thing. 'Tis the old story. But this show of materialism is at the surface, and no deeper.

Of course it may be said that the students of Paris are over-enthusiastic at present about the discoveries of modern science, which are mainly due to the adoption of a strict philosophical method of investigation. This, however, is not confined to them, and has brought on results which may be observed wherever this scientific spirit manifests itself—that is, a certain disregard for everything that is not embodied in matter, and does not fall under the immediate scope of experiment and observation. It is the excess of a good thing, that severe method of investigation which "accepts no fact, however authoritatively sanctioned, that will not stand the test of thorough scrutiny"; and it is intimately combined with that supremacy which science now enjoys over art, facts over theories, and strict observation over mere inductive reasoning. It is one of the effects of that first flush of emotion and confusion which attends every important movement in the progress of the human mind. But a reaction will doubtless supervene. And these things and sentiments will gradually assume their correct shape and significance, and fall into their proper places.

It may also be observed that the students are dazzled with the marvellous properties which are daily being discovered in matter, and that there rests some confusion on their minds with respect to causes and instrumentality, or materialism and materiality. But this also is a thing of the moment, and the error will soon disappear. There is an increasing tendency to establish a deep line of demarcation between religion and science, so as to reserve the rights of both. The necessity of such a distinction has grown with the progress of science. It is folly to attempt to bar the march of science; and it is folly to think that science can injure or destroy religion—that innate yearning towards a Supreme Being, and craving for a better world. Science must, therefore, be left alone, and religion must be placed in an independent sphere, beyond and above the reach of science. This is the only wise and truthful course, but it must be recommended as well to those who take unnecessary alarm at the progress of science, and attempt to stop its onward movement, as to those whose whole faith is engrossed by those objects which may be placed under the edge of the scapel or the lens of the microscope.

Paris, June 16th, 1868.

THE REPORT OF THE HEALTH OFFICER OF BOMBAY FOR 1867.

WE have allowed no opportunity to escape us of calling attention to the importance of vigorously prosecuting sanitary reforms throughout India. The results already obtained in regard to the prevention of disease and death, as shown in the health reports of the three presidencies, in an economical point of view, are amongst the most significant and instructive of the times. They show, too, what a large amount of preventable mischief still remains to be negatived. It is disease, and not the sword or the bullet, that is so fatal to European life in India, and the costliness of the machinery needed to render inhabited districts sweet and salubrious would be in most cases as nothing compared with the loss by death and sickness, the consequence of allowing filth and foulness to run riot.

Last year we noticed with much satisfaction the first report of the Medical Officer of Health for Bombay. We have now received his second annual report for 1867. Much good work has been done in the year, and Dr. Hewlett pronounces a favourable verdict as regards the health of the population. During the year the removal of filth away from the town has been actively carried on, to the extent of 111,789 tons, whilst covered drains equal in length to 102·86 miles have been opened and cleansed. These measures have been very successful, no doubt, in preventing fevers in the city. Dr. Hewlett complains that the Sanitary Act is so framed that it is impossible to compel persons to improve the state of the city without the Municipal Commissioner doing the work himself, and going to the Court of Petty Sessions to enforce payment. Such cases should be summarily decided before a magistrate, and we hope to hear of this most advisable alteration. Before accurate results of the health of the place can be obtained, it is necessary that certain preliminary matters should be settled. A correct census, strict registration, a proper map and roll of the place must be forthcoming; and the sooner these things are provided the better.

Dr. Hewlett is watching anxiously for information as to the best system for removing the excreta from the precincts of the community. At present the nightsoil is carried away from the city. For the full adoption of the earth system at Bombay it appears that for every 100,000 inhabitants 685 tons of earth would have to be brought into the city daily, and this, together with 145 tons additional (nightsoil and urine) removed. We mention these facts as of general interest and applicability. The duties of registration of births and deaths, Dr. Hewlett states, were connected with those of the health-office on the 1st of January, 1867; the city was divided into 15 districts, to each of which a registrar was appointed, and registration was to be made compulsory. Hitherto the births and deaths have been most unsatisfactorily given. The result of the last arrangement promised to be excellent; but again the Act was found to be badly worded and inexplicit, and the new scheme is therefore crippled. The absence of accurate registration should no longer be permitted.

The total deaths recorded in 1867 amounted to 16,088, exclusive of stillborn 15,500—a thousand and odd less than in 1866. The deaths from fever were reduced about one-half; cholera was less prevalent; small-pox carried off 1055 persons, and Dr. Hewlett advises measures to be at once taken to render vaccination compulsory. Amongst Europeans it should be stated that 216 died; of these 164 were males, and 52 females, and nearly a sixth of the whole were children under two years of age.

It is noticed in the report that any extension of the town must take place in the direction of certain swampy grounds called the Flats. These may be readily filled in, and this is the more necessary as the emanations from them now give rise to much disease. There appears to be no reason why they should be allowed to exist at all.

Lastly, the high death-rate on the Esplanade, where two regiments are quartered, is commented upon in the report. Out of 227 deaths that occurred in this part 163 had taken place amongst persons in the regimental and other lines, and 75 were cases of fever. Hard by is a foul foreshore, whence arises a horrible stench, but which can readily be reclaimed. The matter has been represented to Government, who seem however to take little heed of it. Another subject requiring attention is that of the prevention of venereal diseases. But it is to be hoped that the adoption of a Contagious Diseases Act will now supply what was much needed.

We learn from the same report that a Quarantine Bill, which was under the consideration of the Legislative Council at the commencement of the year, has now passed and become developed into an Act for the better sanitary regulation of the city of Bombay.

The scope of the Act is much more extensive than the original Bill, which simply affected the shipping. The Government can establish sanitaria, whether on shore or in the harbour, to which all infected persons found in Bombay, or in the port, may be consigned; and the Government is empowered, moreover, to make rules and issue orders in special cases with a view to prevent the spread of contagious diseases. The Act further provides for the inspection of all shipping arriving at or leaving the port, and a health officer is to be specially appointed for that purpose, means being taken at the same time to ensure his co-operation with the municipal authorities of the town.

This appears to us to be a very wise piece of legislation. The authorities will be enabled to act promptly and effectively on the appearance of any epidemic; and the provision for the inspection of the shipping, as the Municipal Commissioner remarks, will go far to remove the reproach cast upon it by the late Cholera Commission.

THE Sale of Poisons and Pharmacy Act Amendment Bill, which has passed through the Upper House, will be undertaken in the Commons by Mr. Headlam, and we hope will soon become law. The President of the Council has introduced a clause providing that examiners shall be approved by the Privy Council, who shall also have the power to appoint an officer to be present during the progress of the examinations held for the purposes of the Act.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College were admitted Fellows on the 11th inst:—

Adams, Matthew Algernon, Maidstone.
Bell, Hutchinson Royes, Harley-street.
Bensley, Edward Clement, Indian Service.
Cornish, William Robert, Indian Service.
Cornwall, James, Fairford, Gloucestershire.
Dale, George Peckett, Scarborough.
Foster, John, Bradford, Yorkshire.
Grose, Samuel, Royal Marines.
Haward, John Warrington, Westbourne-park.
Howse, Henry Greenway, Maze-pond.
Jessop, Thomas Richard, Leeds.
Master, Alfred Norwich.
Nicholls, James, Chelmsford.
Palmer, William John, Indian Service.
Pollock, Edward James, Old Cavendish-street.
Procter, William Birkett, Bradford, Yorkshire.
Rugg, Richard, Brighton.
Sykes, John, Leeds.
Wagstaffe, William Warwick, Kennington-road.
White, George Farr, Ryde, Isle of Wight.
White, John Pagen, Liverpool.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 11th inst.:—

Drinkwater, William, Shepherd's-bush.
Monckton, Marshall, St. Austell, Cornwall.

The following gentleman also on the same day passed his first examination:—

Charles Hinds Lawrence, University College Hospital.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following gentlemen passed the Major Examination as Pharmaceutical Chemists on the 17th inst.:—William Foster, Bridlington; Walter Griffiths Hibbert, Neath; John William Lasham, Stratford-on-Avon; Frank Harwood Lescher, London; John Moss, Oldham; Samuel Pearce Yates, Wellington.

A REQUISITION is, we understand, in course of signature by the St. Andrews graduates, soliciting Dr. Richardson to stand as candidate for the representation of the University of St. Andrews.

THE CHAIR OF MIDWIFERY AT GLASGOW.—As in the case of the other two candidates for the Chair of Midwifery at Glasgow, a testimonial, signed by his former pupils, in favour of his appointment to the vacancy, has been presented to Dr. Simpson.

OUR Paris Correspondent is so successful in his Clinical Records that cases published in THE LANCET are translated and inserted in the Paris medical journals. Thus we find that the Case of Cirrhosis and Ascites which was reported in our issue of March 28th is reprinted in the *Gazette Hebdomadaire* of the 17th April.

THERE are at present in the Carmarthen Workhouse ten old people aged respectively 95, 88, 88, 84, 82, 81, 81, 80, 74, and 74 years.

LORD OVERSTONE has accepted the office of President of Charing-cross Hospital, rendered vacant by the death of the late Marquis of Salisbury.

THE Austrian Society for the Relief of Soldiers Wounded in time of War has appointed the Queen of Prussia an honorary member, and her Majesty has accepted the nomination.

A RETURN issued by the Irish Registrar-General shows that the marriages registered during the year 1867 in Ireland amounted in number to 29,796; the births to 144,318; and the deaths to 93,911.

THE WORKSHOPS REGULATION ACT.—Dr. Aldis, medical officer of health of St. George's, Hanover-square, is properly determined that sanitary laws in the interest of the weak and unprotected in society shall be duly enforced. He has obtained a conviction for a second breach of the Workshops Regulation Act by the employment of young women after 4.30 on Saturdays, and by allowing an insufficient interval for meals—fifty minutes instead of one hour and a half. The defendant, Mr. Studere, excused himself, through his counsel, on the ground of a great amount of work which has to be done during the season. He was fined 40s. He was also charged with a breach of the Nuisances Removal Act and overcrowding of a certain room on the basement, in which two servants were allowed to sleep, who could only have 240 cubical feet of space each. Mr. Knox said he would be satisfied with Mr. Studere's assurance that this should not occur again, and with his payment of costs.

THE FRENCH HOSPITAL IN LONDON.—On the 17th inst. this recently established institution was honoured by the visit of the Comte de Paris and the Duc de Chartres. Their Royal Highnesses were received by the committee and the medical staff, who conducted them through the wards. The illustrious visitors manifested a lively interest in this much needed but as yet small hospital, and inquired into many of the details connected with its working. After the visit, on which occasion the young Prince, the committee, and the medical staff seemed highly gratified, the former repaired to the convent adjacent to the hospital. The Orleans family have largely contributed to the funds of the institution.

ON the 9th inst. the members of the Rock of Hope and Cambridge Lodges, Manchester United Friendly Society, dined together at St. James's Hall for the purpose of presenting Thomas Ballard, M.D., with a service of plate as an acknowledgment of his professional services during a period of upwards of twenty years. W. Langridge, Esq., presided, and, on behalf of the subscribers, presented this mark of their esteem in appreciation of the services rendered to the members as medical officer for nearly a quarter of a century. Dr. Ballard acknowledged in suitable terms the pleasure he felt in receiving this handsome present, and hoped for many years to enjoy their confidence.

UNITED HOSPITALS ATHLETIC SPORTS.—The second annual meeting of the United Hospitals Athletic Club came off most satisfactorily on Thursday and Friday last week, at Beaufort House, Walham-green, in the presence of numerous visitors. The first prize, for the 120 yards hurdle race, was a handsome silver cup, presented by Dr. G. Owen Rees; and the President's prize was a fine bronze clock. Among the senior members of the profession who were present on the two days, we noticed the President, Sir Thomas Watson, Drs. Sieveking, King Chambers, Barnes, James, Cape, Lee, and Murray; and Messrs. Solly, Haynes Walton, Croft, and others. The swimming races are to take place at Teddington, on Wednesday evening, July 1st, at 6·30 P.M.

Obituary.

NATHANIEL BAGSHAW WARD, ESQ., F.R.S.

THIS gentleman died at Hastings on the 4th ultimo, at the advanced age of seventy-seven. He was well known to all naturalists as the inventor of the Wardian cases, which have now been in use for upwards of thirty years. The public owe a debt of gratitude to Mr. Ward which is scarcely appreciated, and we may safely say that the introduction of the Chinchona plant into India would, without the aid of these cases, have been wellnigh impracticable. Mr. Ward was well known to a very large social circle, and his name will live in the memories of those who have, by his aid, extemporised gardens in many dingy dwelling-places.

MEDICAL APPOINTMENTS.

J. ASHLEY, M.R.C.S.E., has been appointed Medical Officer for the Bitton District of the Keynsham Union, Somersetshire, vice Thos. W. Fryer, M.R.C.S.E., resigned.

J. W. BARRY, M.R.C.S., has been appointed Resident Medical Officer to the Metropolitan Free Hospital, Devonshire-square, vice John de Liefde, M.R.C.S.E., resigned.

W. P. BARTLETT, L.D.S.R.C.S.E., has been appointed Assistant Dental Surgeon to the Dental Hospital of London, vice G. Gregson, M.R.C.S.E., L.D.S., appointed Dental Surgeon.

E. N. EDWARDS, M.R.C.S.E., has been appointed an additional Resident House-Surgeon to the Brighton and Hove Dispensary.

L. H. FRANKLYN, L.R.C.P.L., has been reappointed Medical Officer and Public Vaccinator for District No. 9 of the Lexden and Winstree Union, Essex.

H. GRACE, M.R.C.S.E., has been appointed Medical Officer for the Oldland District of the Keynsham Union, vice T. W. Fryer, M.R.C.S.E., resigned. Mr. Grace has also been appointed Public Vaccinator for the whole of the Keynsham Union.

J. R. HILL, M.R.C.S.E., has been appointed Medical Officer to the West London Union Workhouse, vice Stephen John Burt, M.R.C.S.E., resigned.

Dr. LONGBOTHAM has been appointed Public Vaccinator for Greatham, Durham.

J. MASON, L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for District No. 2 of the Bellingham Union, Northumberland, vice W. Sutherland, L.R.C.P.Ed., resigned.

C. MAYO, M.D., M.B., M.A., has been appointed Physician to the Royal General Dispensary, Bartholomew-close, vice R. S. Sisson, M.D., resigned.

Mr. J. H. MOORE has been appointed Medical Officer for the Sherburn District of the Scarborough Union, Yorkshire.

Mr. PACKMAN has been appointed Resident Assistant-Surgeon to the East Dispensary, Liverpool, vice H. D. Dod, M.R.C.S.E., resigned.

F. PAGE, M.R.C.S.E., has been appointed a Resident House-Physician to the Edinburgh Royal Infirmary, vice Dr. Baddeley, deceased.

Dr. G. SALE LEE has been appointed Medical Officer for the Robertstown and Kilmeague Dispensary District of the Naas Union, Co. Kildare.

T. SHAW, M.R.C.S.E., has been appointed Medical Officer for the Kirkham No. 2 District of the Fylde Union, Lancashire, vice A. A. Boyle, L.R.C.P.Ed., appointed to the Kirkham No. 1 District.

R. F. SHEA, L.R.C.P.Ed., has been appointed Resident Apothecary to No. 4 Dispensary of the South Dublin Union, vice Wm. H. Warren, M.D., resigned.

Dr. R. STEVENSON has been appointed Medical Officer and Public Vaccinator for the Parish of Muirkirk, Ayrshire, vice J. G. Richard, L.R.C.P.Ed., deceased.

R. T. WARN, M.R.C.S., has been appointed Medical Officer and Public Vaccinator for No. 1 District of the Parish of St. Pancras.

Births, Marriages, and Deaths.

BIRTHS.

On the 13th of April, at Forthill, Forbes, New South Wales, the wife of Dr. Cosby Morgan, J.P., of a son.

On the 12th ult., at Camberwell-road, the wife of Dr. Louis Carré, of a son.

On the 29th ult., at Petersfield, the wife of A. W. Leachman, M.D., of a daughter.

On the 29th ult., the wife of Dr. E. Cronin, of Clapham, of a daughter.

On the 6th inst., the wife of John Pughe, F.R.C.S.E., of Bryn-Awel, Aberdovey, of a son.

On the 12th inst., at Easton Cottage, Freshwater, Isle of Wight, the wife of G. R. Tate, M.D., Royal Artillery, of a daughter.

On the 13th inst., at Offa Villa, Bedford, the wife of Pryce Morris, M.R.C.S.E., of a daughter.

On the 13th inst., the wife of Dr. Evan Evans, R.N., of Finchley-road, Regent's-park, of a son and daughter.

MARRIAGES.

On the 6th inst., at St. Peter's Church, Norbiton, Kingston-on-Thames, John Henry Martin, M.D., of Cambridge House, Portsmouth, to Mary Jane, only daughter of the late Alex. M'Kechnie, M.D., R.N., Inspector-General of Hospitals and Fleets.—No Cards.

On the 10th inst., at St. Stephens, Coleman-street, Samuel Hey, F.R.C.S.E., Senior Surgeon to the General Infirmary, Leeds, to Sarah Jane, daughter of the Rev. Josiah Pratt.

On the 11th inst., at St. Peter's Church, Cleethorpes, Richard Sutton Harvey, Surgeon, to Elizabeth Simpson, both of the City of Lincoln.

On the 16th inst., at Loweswater, Cumberland, Benj. C. Gowing, M.R.C.S., of Daventry, Northamptonshire, second son of the late James Warden Gowing, Esq., of Lowestoft, to Catherine, younger daughter of the late John Borrowdale Steward, Esq., of Whitehaven.

DEATHS.

On the 7th inst., at Lee, Kent, Henry Sidden, M.R.C.S.E., of Rochester, aged 64.

On the 7th inst., Henry Reid, M.D., late Consulting Physician to the Ardwick Dispensary, Manchester.

On the 8th inst., Thomas Gaskell, Surgeon, of St. Helens, Lancashire, aged 75.

On the 8th inst., at Twickenham, Osman Giddy, late of St. James's-street, formerly of H.M.'s Medical Staff, Turkish Hospital, Crimea, aged 61.

On the 11th inst., at Aldershot, Edward Galwey, the surviving infant twin son of H. C. Herbert, M.D., F.R.C.S., H.M.'s 40th Regiment.

On the 11th inst., at Seaford (suddenly, from disease of the brain), Amelia Hannah, the wife of John W. Elliott, M.R.C.S.E., of Finsbury-square, and Theberton-street, Islington.

On the 12th inst., at Wishaw, N.B., John Elder Dalzell, L.F.P. & S. Glas., L.R.C.P.Ed., late of Kensington-park, London, aged 29.

BOOKS ETC. RECEIVED.

Dr. Royle and Dr. Headland's Materia Medica.
Dr. H. Bennett on the Principles and Practice of Medicine. Fifth Edit.
Clinical Lectures and Reports of the London Hospital. Vol. IV.
Squire's Companion to the British Pharmacopœia.
Holmes on Diseases of Children.
Dr. C. E. Morgan on Electro-Physiology and Therapeutics.
Dr. Carl Stellwag von Carion on Diseases of the Eye.
Dr. Inman on the Preservation of Health.
Dr. Cuming's Contributions to the Study of Thoracic Diseases.
Dr. Dale's Compendium of Practical Medicine.
&c. &c. &c.

Medical Diary of the Week.

Monday, June 22.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, June 23.

ROYAL FREE HOSPITAL.—Operations, 9 A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. Schetelig, "On the Characteristics in the Dialects and Formation of Skulls of the Natives of Formosa."—Dr. Shortt, "On the Natives of certain Districts of India."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Dr. G. Harley's Case of "Acute Progressive Paralysis;" Mr. Hinton, "On a Case of Perforation of the Mastoid Cells;" and other papers by Drs. Elliot, E. Ballard, Z. Johnson, Reg. Thompson and Dickinson, and Mr. Lockhart Clarke.

Wednesday, June 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, June 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, June 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, June 27.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

POLLUTION OF RIVERS.

THE Fisheries Preservation Association, of which the Duke of Northumberland is President, despairing of any legislative action on the part of the Government for putting a stop to the pollution of rivers—and there is scarcely a stream, great or small, contiguous to a population, free from the pernicious influence,—calls for the active aid and co-operation of the public by petitions to Parliament to put an end to this national evil. In order to make the fearful state of the rivers and streams more widely known, the Council of the Association have extracted from voluminous blue-books and other sources all the necessary authenticated facts, and have embodied them in a pamphlet, which they have circulated in the hope that a powerful and decisive expression of public opinion may be evoked. Such an effort cannot but have our best wishes for its complete success.

Worcester.—There can be but one opinion as to the conduct of the Committee of the Worcester Dispensary in the appointment of midwives at a wretched scale of remuneration to supplant the medical practitioners of the town. If young gentlemen can be found in the profession to underbid or to rival midwives, more's the pity.

Dr. G. R. Barnes, (Ewell.)—The report of the case of Death from Lightning shall, if possible, appear next week.

Diabetes.—Either of the gentlemen named may be consulted with advantage.

CASE OF NIGHT BLINDNESS.

To the Editor of THE LANCET.

SIR,—Your recent number of May 30th contained an article, "Remarks on Night Blindness."

I venture to forward the case of John M——, labourer, aged sixty-eight, of Cantley, Norfolk, who on January 28th, 1867 (the earth at that time being covered with snow), suffered from the above disease: the blindness at 4 P.M. total, being unable to see his hand, his sight gradually returning by 11 A.M. each following day. This state of things lasted about a month. The treatment I adopted was rest and tonics.

I am, Sir, your obedient servant,
Acle, Norwich, June 9th, 1868. W. H. COPLAND.

THE POOR-LAW MEDICAL SERVICE.

DR. ROGERS has addressed the medical students of London in reference to the aggregate meeting of London and provincial Poor-law medical officers, which will be held at the Freemasons' Tavern, Great Queen-street, Lincoln's-inn-fields, on Wednesday, the 24th inst., at two o'clock P.M. He says: "This is a cause in which you are very much interested, for it is the cause of your fathers and your brothers, and will shortly be your own. You are therefore respectfully requested to attend the meeting, and by your presence manifest your sympathy with your elder brethren, and aid them in seeking redress for the grievances under which they labour, and which it seems at present you are only too likely to inherit."

Mr. Dunford would see last week that "the very spiteful letter" to which he alludes was duly answered.

A Country Practitioner.—It is our intention shortly to bring the subject of the circulation of infamous publications before a magistrate, when the question of the "paraded testimonials" will be gone into.

Sudbury.—The plan is somewhat complicated, and will not work well unless under strict rules. However, its temporary trial will do no harm. We should be glad to know in due time how it works.

A Constant Subscriber.—He would be liable for payment of a quarter's salary, which could be enforced by legal procedure.

Mr. Seth Gill's letter shall, if possible, appear in the next LANCET.

UNQUALIFIED ASSISTANTS.

To the Editor of THE LANCET.

SIR,—I have read with great pleasure the letters which have appeared in your columns from the numerous unqualified assistants. As one of that body, I cannot but enter into all that concerns them; and whilst thanking you for the kind manner in which you have ventilated their interests, I would ask you to allow me to offer a few remarks in answer to a letter signed "R. H. L.," which appears in your journal of June 6th.

"R. H. L." states that the Apothecaries' Company grant an assistant's certificate; but he omits to mention that this certificate is merely one of proficiency in dispensing and knowledge of drugs, and for this reason it is, I presume, that so few visiting assistants avail themselves of the privilege of holding it. He says that an unqualified assistant can save from £20 to £25 per annum out of his salary, for that the only expense he has is his own dress. This is in many instances the case; but your correspondent overrates the salary and underrates the expenditure. An assistant, whether qualified or not, has to keep up appearances; he has to dress as a gentleman (for if the principal can afford to be shabby, the assistant cannot), and he has to meet expenses incidental to that class, and these are not a few. It has been my fortune or misfortune to occupy the position of unqualified assistant to a country surgeon in extensive practice for many years. I am not an extravagant man; but my expenditure for dress and other necessaries has never been less than £30 a year, which, taking the average salary as £85, leaves £15 towards a qualification. Thus at the end of six years I should be in a position to pay the hospital fees for lectures and practice. But, Sir, there are other expenses besides the hospital fees which a student has to meet: the diploma has to be paid for, and the student must be clothed even to attend hospital practice, and, to quote an old adage, "whilst the grass grows the steed starves;" for how is the assistant to live while he is qualifying? To pass the examination *as it now is*, requires a large amount of study. There is not one man in a hundred who could study for the College and hold an assistant's appointment at the same time, even if such appointments are to be met with, and they are not always concealable.

I willingly grant that there are already too many medical licensing bodies and too many degrees; but because the needless number of degrees is so large, is not a needful one to be added? Called-for reformation is going on. Why should not some of the unnecessary licenses be done away with, and a necessary one substituted? For the assistant is necessary to the surgeon, and it is certainly to be desired that he should hold a diploma to act as such. I would suggest that this diploma be given to those who pass an examination, for which a good school education and a practical and theoretical knowledge of medicine and surgery will fit them, and for which no hospital certificates shall be required.

Your correspondent concludes by expressing a wish that the day is not far distant when surgeons will cease to dispense their own medicines. However much this may be to be desired—and for my part I think its desirability is doubtful,—I do not at present see any prospect of such change, nor can I think that in the country it would be practicable. Why should a surgeon who dispenses his own medicines be respected less than one who does no dispensing? A man who has a soul above dispensing ought also to be above taking a fee. Such a one might be very much respected; but he would find respect so bought conducive to leanness of person and shabbiness of exterior.

I am, Sir, yours truly,

June 6th, 1868. R. W. P.

To the Editor of THE LANCET.

SIR,—In THE LANCET of May 4th, 1867, you did me the favour to insert a letter, in which I expressed clearly my views on the above subject. In your impression of the 23rd ultimo, "Medicus" writes on it. If he be qualified, I think his first regard ought to be for the interests of the profession; if not, of course I can understand his sympathy for the unqualified. I feel deeply "interested in medical reform;" but how any scheme such as he proposes for granting certificates, giving power to claim fees, &c., to the above class, can come under the head of "reform," I am at a loss to know. At a time when there is a general desire to do anything to raise the standard of attainments for the profession, here would be a plan having a directly opposite tendency. The injury done, by the employment of unqualified assistants, to young medical men, who are striving hard to make a living, is incalculable. When a practitioner finds he cannot reach to all the work he has, he employs an unqualified assistant, because he can get him cheaper, and to keep any other medical man from settling in the neighbourhood. Many of the patients are quite unaware that he is unqualified. The system is in direct opposition to the tone of all the speeches I have heard at any meeting of the British Medical Association. Every new piece of legislation bears hard on a few for a time; but the interests of the medical profession are, or ought to be, of paramount importance to every member of it.

I am, Sir, yours obediently,

June, 1868. N. W. H.

FALSE ECONOMY.

THE Whitechapel Board of Works has decided to reduce the district staff of inspectors of nuisances from four to two, notwithstanding the urgent remonstrances of the health officer (Mr. Liddle) against the adoption of such a retrograde measure. With true "parochial" instinct, seventeen members of the Board acted on the assumption that sanitary inspection was a thing that, having been once carried out with tolerable completeness, needed not to be maintained afterwards, and so the cost of two of the inspectors is henceforth to be saved (?) by the Whitechapel ratepayers. What chance has an officer of health of success in his endeavours to prevent the spread of disease when he is liable to be thwarted, as Mr. Liddle has just been, by a deprivation of part of his preventive machinery at the pleasure of a crotchety majority of parochial wiseacres?

G. B. B.—The University of Oxford does not grant any degree or diploma in Surgery.

WE have received a letter from *Mr. Langston Parker*, explaining the appearance of his recent advertisement in *The Times*. He says that, to save the trouble of writing letters to patients to make appointment, he inserted the notice of which we complained; the day after he had done so, however, he ordered its insertion to be countermanded, but, owing to neglect or delay on the part of the newsagent, the advertisement appeared.

Mr. J. M. Coleman.—Prostate.

THE communication of *Mr. Wellings* shall receive attention next week.

FOREIGN DEGREES.

To the Editor of THE LANCET.

SIR,—I quite agree with your correspondent, "Foreign Degree," that practitioners having British qualifications in Medicine and Surgery should be entitled to register foreign diplomas. Suppose in some instances such foreign degrees to be merely honorary, what then? Their registration could confer no new privileges as to practice in the case of gentlemen already doubly qualified. With the exception of a very few Fellows of the College in Lincoln's-inn-fields, all the gentlemen honoured with the distinction of Fellowship by our several Royal Colleges of Physicians and Surgeons have passed no special examination to entitle them to their titular elevation; yet they are, with many altogether untested (year of grace) members and licentiates, registered without objection. Honorary titles, British or foreign, should share alike registration or non-registration. There can be no difference between their rights; but British corporations granting such honours, and receiving pecuniary benefit, are obviously interested in preventing competition.

Yours respectfully,

June, 1868. A PHYSICIAN, NOT A FOREIGN GRADUATE.

A Young Surgeon, (Kensington.)—The vaccination of a child by a druggist is not such a compliance with the law as is contemplated by the Vaccination Acts; but still there is no *express penalty* imposed by the Act for a person who is not a qualified medical practitioner performing the operation of vaccination. Our correspondent is not compelled to vaccinate gratuitously the children of persons who will not let the public vaccinator perform the operation. If the parent will not pay a fee, "A Young Surgeon" is justified in refusing to vaccinate the child; and if the child is not vaccinated, the parent will be liable to penalty so long as the child is under fourteen years of age.

"*Dignity and Impudence.*"—We cannot afford the time or space to notice the constant whinings of our disappointed little contemporary. It has always been in the habit of "barking at our heels."

A. K., (Blackburn.)—1. It is not etiquette to canvass under such circumstances.—2. It depends on the clauses of the Local Police Act.

J. D.—1. Hassall on Food and its Adulterations.—2. Hogg on the Microscope.

COLOURED VACCINE TUBES.

To the Editor of THE LANCET.

SIR,—Since my suggestion of coloured vaccine tubes appeared in your journal, Messrs. Baker, of High Holborn, have sent me some very good coloured tubes, which well answer the purpose, and they inform me that they intend keeping an assortment in stock.—Your obedient servant,

Warlingham, June 17th, 1867. EBENEZER DYER.

Medicus.—The regulations of the Scotch Universities for the course of study required of the candidates for medical degrees are, with one exception, uniform. They require *two* years' residence at a University of the United Kingdom empowered to grant degrees in Medicine, but *one* of those years must be spent in the University the degree of which is sought. The exception is St. Andrews, where the two years' residence may be taken at any one or more of those Universities. In St. Andrews, moreover, there is a power to grant the degree of M.D. after examination to any registered medical practitioner above the age of forty years, and of good character.

Anti-Prejudice may do what he likes with his own. We pity the poor subjects of his experiments.

Mr. A. B. Procter.—If we read our correspondent's note correctly, the surgeon with whom he has lived for ten years keeps an open shop. He would therefore be regarded as a chemist and druggist within the meaning of the Act; consequently our correspondent may register himself, and be exempt from examination. His application must be made before the last day of December, 1870.

Mr. G. Evans.—Our correspondent will probably gain all the information he wants by applying to Mr. Wadsworth, Westbourne House, Emsworth, Hants.

Pro Bono Publico has omitted to authenticate his communication.

THE TITLE OF "DOCTOR."

To the Editor of THE LANCET.

SIR,—If I shall not be trespassing too much upon your kindness, may I request the insertion of the following remarks in reference to Dr. Taaffe's letter of the 6th instant.

With the first portion of his observations, that an *ad eundem* admission to the L.R.C.P. of licentiates of the Apothecaries' Society was desirable, I most cordially agree—nay more, I would go further and say that admissions from one corporation to another, and between corporations and universities, and *vice versâ*, under certain conditions, should be decidedly encouraged. But, however, as I hope ere very long to publish my ideas on this and a host of other subjects medical, more in detail, I will not longer dwell upon these points here.

It is with the second portion of Dr. Taaffe's letter I am now principally concerned, and I would begin by saying that I consider that *every* medical man, excepting only the L.S.A., should be styled "Dr.," both for the sake of a professional distinction, and also as a matter of courtesy. I exclude the L.S.A. for the best of all reasons, that the diploma is granted by a trading company, and the recipient of it has the honour of becoming, in fact, a druggist.

2ndly. I cannot see by what system of logic a L.R.C.P. should be less entitled to the prefix "Dr." than a Commander in the Navy to that of "Captain," &c. &c.; nor can I see that the assumption of the title is "sheer nonsense," unless we can at the same time look upon a clergyman's title, "Rev.," as also "sheer nonsense," for he certainly does not obtain this from any university.

But there is a very serious difficulty arising in reference to the M.D in the case of those members of the profession who have commenced their studies at a school of medicine unconnected with a university, and who might at a future period be desirous of taking the degree in question.

Let me give my own case as an example. In 1855, I became an undergraduate at Cambridge with the view of going into the Church. After keeping three terms in Arts, and fortunately by the way attending the lectures and hospital practice at Addenbrooke's during that year (merely as an amateur), I determined for several reasons to abandon my former intentions, and came to London for my next three years as a student of medicine, with the intention of returning to Cambridge afterwards. On passing as M.R.C.S. in 1859, my plans were disarranged by the immediate offer of a good practice, to which I succeeded. In 1861, I took the L.R.C.P.; and at the end of 1866, my health breaking down, I was compelled to throw up my practice, and rest for a while at the seaside. An opening being afforded me here in special practice, I felt it incumbent upon me to take a degree in Medicine at once. Being well aware that my own University, with its excessively strict rules, would never prove of the least service to me, I directed my attention to the Scotch Universities. New regulations, however, had come into force; regulations based upon that most liberal and straightforward of all systems, of "measuring other people's corn by our own bushel!" and these regulations, moreover, that they should bear as unfairly as possible upon the great body of general practitioners, were to be retrospective! I had no chance, therefore, of offering myself for examination under another year's University residence, and attendance upon medical lectures. The authorities of Trinity College, Dublin, were next applied to; but they were equally unable to afford me any direct assistance. Finally, the King and Queen's College of Physicians in Ireland afforded me the only means of escape from a very awkward predicament in which I became placed, by granting me a title after passing their examination. I am at the present time an undergraduate again of Trinity College, Dublin. My twelvemonth at Cambridge passed me over the junior freshman's year only; my two senior freshman's examinations were successfully got over last year; and in October I hope to complete the work of the junior Sophister year. Eighteen months will have to elapse, however, before I graduate as B.A.,—a *sine qua non* at Dublin,—and after this only can I take the degree of M.B. In all therefore, as residence is not required at Dublin, I am kept out of a degree in Medicine for three years after making up my mind to take it, when many a younger man of twenty-one or twenty-two, who may have begun his studies accidentally at an hospital connected with a University—take either of the Scotch ones for instance,—comes out as a M.D.! As regards my individual case, I have also one other point to add, and it is that I also last year passed my examination for the M.B. degree at Dublin. This examination the University statutes permit a man to go in for if he has kept one year in Arts at any University. To sum up, I have now passed three examinations in Medicine; but because a certain formality has not been gone through, I am, according to Dr. Taaffe, a "false" Dr.

As matters stand at present, only ten men who shall have attained the age of forty can ever hope each year to obtain the degree of M.D. out of the whole body of those practitioners who have never been connected with a University, unless the latter should feel disposed to submit to a two years' additional residence in Scotland, or a four years' study for the Dublin degree. Is this state of things fair, on the one hand, to the majority of men studying at the London and provincial schools? or are there many in our busy profession who can devote their time either to a residence away from home, or a lengthened course of general study? There is a remedy. Let the Medical Council look to it.

I am, Sir, yours, &c.,

June, 1868. REFORM.

To the Editor of THE LANCET.

SIR,—Permit me to make a few observations on the vexed question which is the subject of Dr. Taaffe's letter in your impression of the 6th instant.

He states correctly that the licentiates of the College of Physicians are forbidden by the bye-laws to assume the title of "Dr." No doubt, as a right, they should not do so; but if granted to them by courtesy, the "real" doctors are not thereby defrauded.

The real question at issue is—What sense does the term "doctor" convey to the public? If "physician," then the licentiate of the College of Physicians is essentially a doctor; if, on the other hand, it conveys its original classical signification, "teacher," then it is "sheer nonsense" applying the term to the majority of University graduates, although they may be legally entitled to it.

As to the comparison made in favour of a Bachelor of Medicine, as he is not a "Dr." any more than a licentiate of the College of Physicians, he has no superior claim to assume the title, as he can only do so on the same grounds—viz., being a physician.

Dr. Taaffe is mistaken in supposing that the licentiates desire the title of "Dr." as giving them a higher status, inasmuch as the College of Physicians is not inferior to any University in the kingdom, and is superior to most (although Dr. Taaffe evidently does not think so, judging from his classing the "licentiates of a College of Physicians" in the same category as apothecaries). What they desire is, some means of legitimately rendering patent to the public that they are medical practitioners; and as it is not customary to introduce oneself as Physician Jones, or to have one's cards printed Physician Brown, they are forced to adopt the title in common use amongst the public. Comment on Dr. Taaffe's proposal, that a practitioner should be designated Surgeon-Physician or Physician-Surgeon, is unnecessary. Fancy being introduced to a patient, "Physician-Surgeon Robinson," or an impatient friend calling out, "Come along, Surgeon-Physician."

In conclusion, I have to add that individually I did not assume this title which now adorns the card I enclose until I saw it prefixed to my name in print in the pages of an unquestionable authority, and I have at different times received letters from the first London physicians and surgeons, who invariably observed a similar courtesy.

Yours obediently,

June 8th, 1868. L.R.C.P. LOND.

Messrs. Holmes and Co.—The announcement has been made several times in our columns.

P. should apply to some of the large shipowners, or such a Company as the Peninsular and Oriental.

Perplexed.—1. It is unusual, but by no means rare.—2. It does not.—3. Certainly, if there be no other physical defect.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir J. Y. Simpson, Edinburgh; Prof. Erichsen; Dr. Harrington Tuke; Dr. Henry Bennet; Dr. G. Owen Rees; Mr. Hutchinson; Dr. George Johnson; Prof. Lister, Glasgow; Mr. C. J. Fox; Mr. H. Brown; Mr. Coldstream; Dr. Menzies; Mr. Sergeant; Mr. Gay; Mr. Bruce; Dr. Barnes, Ewell; Mr. Sunderland; Dr. M'Donald, Dumfries; Mr. Hill, Liverpool; Mr. Main; Mr. Goodwin; Mr. Proctor; Mr. Hunter; Dr. Thompson, Castle Wellan; Mr. Dickinson; Dr. A. B. Simpson; Messrs. Macmillan and Co.; Mr. Tait, Wakefield; Mr. Mackintosh; Mr. Watkins, Worcester; Mr. King, Newry; Dr. Evans, Narberth; Mr. Gosling, Congleton; Dr. Waters, Liverpool; Mr. Stone, Helmsley; Mr. Jones, Dowlais; Dr. Newhouse, Birmingham; Mr. Hare; Dr. Coats; Mr. Muggeridge; Mr. Bremridge; Dr. Macrae, Waterford; Messrs. Holmes and Co.; Mr. Barbour; Mr. Reilly; Mr. Vacher, Birkenhead; Mr. Warn, Highgate; Dr. Ling; Mr. R. Wallis, Irthlingboro'; Mr. Odling, Harwich; Mr. Hickling; Mr. Wellings; Dr. Drury, Edinburgh; Dr. Buchanan, Glasgow; Mr. Reid, Ryde; Dr. Gervis; Dr. Tate, Freshwater; Mr. Ashton; Mr. Keys; Dr. Hitchman, Liverpool; Mr. Watkins; Dr. Turner; Mr. Teale; Dr. Wadsworth, Emsworth; Mr. Morris, Bedford; Mr. Rose; Mr. Lloyd; Mr. Treves, Margate; Mr. Langston Parker, Birmingham; Mr. Clapham, Thorney Abbey; Mr. George; Mr. M. Jackson; Mr. Dyke, Merthyr Tydvil; Mr. Lee, Manchester; Mr. Elliott, Harewood; Dr. Wilson, Glasgow; Mr. King; Mr. Finlay; Dr. Anderson, Jamaica; Mr. Jones; Mr. Edwin Lee; Dr. Morgan, Forbes N.S.W.; Mr. Coleman; Dr. Carré; Mr. Farrar, Glasgow; Dr. Mackintosh, Downham Market; Mr. Walker; Dr. Aldis; Mr. Brown, Callington; Mr. Niven, Turvey; Dr. Tanner, Cork; Mr. Danford; Mr. Howard; Mr. Stevenson, Penzance; Mr. Worts, Colchester; Mr. Ross, Foot's Cray; Mr. Rundle, Winchester; Mr. Owen; Mr. S. Hanson; Mr. W. Stephens; Mr. Crampton, Colchester; Mr. Duncan, Glasgow; A Country Practitioner; Anti-Prejudice; R. B. W.; Royal Institute of British Architects; M.D. Edin. and L.S.A.; Medicus, Scarborough; A Constant Subscriber; H. M. G.; G. B. B.; M.D., Chester; F. G.; A Young Surgeon; Perplexed; W. E.; Pro Bono Publico; M. W.; Matriculated; &c. &c.

THE *Daily Review*, the *Freeman's Journal* (Dublin), the *Hampshire Telegraph*, the *Gleaner* (Jamaica), the *Brighton Gazette*, the *Colonial Standard*, the *Suffolk Free Press*, the *Marylebone Mercury*, the *Gateshead Observer*, the *Falmouth Post* (Jamaica), the *Carmarthen Journal*, the *South London Press*, the *New York Herald*, and *Pulman's Weekly News* have been received.

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